

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

IERC MISSION STATEMENT: *Inland Empire Residential Centers, Inc. helps children and their families become healthy, happy and whole while teaching them to contribute positively to their communities.*

IERC PURPOSE: Provides a wide array of therapeutic services primarily to Younger Youth ages 6 to 12 and Cognitively Low Functioning youth ages 6 through the age of 17 with mental health and behavioral issues that fall within the cognitive age range of the Younger Youth population.

IERC will serve the following populations:

- Younger children (ages 6-12) with severe mental health issues and behaviors. These young children have severe mental health issues that need intensive treatment. Their behaviors are beyond the ability of parents, relatives or foster homes to address. They may have had frequent hospitalizations for threat to self or others. Their behaviors may be extremely aggressive and include assault to others, property destruction, and attempts to harm self. They may be victims of severe physical or sexual abuse. Their parents may have a history of mental illness and these children may live in a chaotic family environment.
- Cognitively Low Functioning youth ages (6 through the age of 17) with Mental Health and Behavior Issues which includes children on the higher functioning end of the autism spectrum who present with significantly delayed social/attachment skills. These youths interact at a cognitive age of 12 or younger and feel most comfortable interacting with children much younger than their biological age. These children present with mild intellectual disability or have been diagnosed as meeting criterion and have been identified as being on the autistic spectrum. Neither population is IRC eligible. These are youth with mental health and behavioral issues that need intensive treatment and support. These youths may be bullied by peers of their same biological age therefore need to be placed with younger children that align with their cognitive age and abilities. These children may have difficulty benefitting from the abstract skills necessary for therapy and need special attention to address their high need issues.
- Focus during this transition period is to reduce the potential for recidivism. IERC's Clinical Treatment Team (Licensed Clinical Social Worker (LCSW) / Licensed Marriage and Family Therapist (LMFT) and Facility Social Worker, MSW) receive and review referrals from county placement workers, adoptions and/or education agencies for possible placement. An Assessment is conducted by the Clinical Team to confirm the child's appropriateness for placement with IERC. A thorough risk and child clinical assessment is conducted with the child as well as integrating observation and child/caregiver feedback. A pre-interview with the child may also be conducted prior to placement. Once that process has been completed, a determination is made as to the appropriateness of placement.
- If client, after placement, is determined to be CSEC or diagnosed with autism, IERC clinical treatment team will, as quickly as possible, schedule a CFTM and in collaboration with clinical team members and any other appropriate individual, determine the appropriate continued treatment and/or placement of that youth.

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

IERC's clinical staff, that may include but is not limited to the following, will administer these services: Licensed Clinical Therapists (LCSW/LMFT); Master's Therapist (MSW/ASW); and Master's level interns. IERC's clinical team will be provided with training and supervision while conducting therapy and groups with clients by a Licensed (LCSW) Head of Service. IERC's therapeutic program is designed to address specific target behaviors/symptoms that are jeopardizing the child/youth's planned transition to a lower level of care as well as the mental health needs driving those behaviors.

IERC is a strength-based program which currently supports and demonstrates the Core Practice Model; utilizes the CANS-SB assessment tool to develop an effective Needs and Services treatment plan; collaborates with its partners in providing mental health services to its clients through active participation as a member of the Child and Family Team (CFT) and actively support the Child and Family Team Meetings (CFTM); currently provides and tracks outcomes through the

California Benchmarking Initiative (CBI) and/or similar outcome tracking service is utilized; IERC participates in and facilitates Intensive Care Coordination during discharge planning. IERC will provide the additional services of monitoring and providing support to its client's and their families services after discharge to ensure a smooth and safe transition/stabilization while adjusting to a lower level of care appropriate to that child's needs.

Direct childcare staff to child ratio will be as follows for facilities with a licensed capacity of 7 or more children during the hours of 7am to 10 pm:

- When only one child is present at the facility, there shall be at least one awake and on duty direct care staff present at the facility;
- When there are two to four children present at the facility there shall be at least 2 awake and on-duty direct care staff present at the facility;
- When there are 5 or more children present at the facility there shall be at least one awake and on duty direct care staff present at the facility for every 4 children or fraction thereof present at the facility.

Direct childcare staff to child ratio will be as follows for facilities with a licensed capacity of 7 or more children during the hours of 10pm and 7am:

- When only one child is present at the facility there shall be at least one awake and on duty direct care staff present at the facility;
- When there are two to six children present at the facility there shall be at least one awake and on duty direct care staff present at the facility for every six children or fraction thereof present at the facility.

There shall be at least one awake and on duty direct care staff present for each 4 children participating in planned activities away from the facility.

If a direct care staff has to follow a child beyond the premises of the facility or leave the facility with a child due to an emergency resulting in the facility being temporarily out of compliance with the direct care staff to child ratio specified, replacement staff shall arrive at the facility within 30 minutes from the point in time the facility became out of compliance with the staffing ratio.

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

Under no circumstance shall a child be left unsupervised at the facility.

- A Certified Administrator, Facility Manager or Mental Health Specialist as defined by the Department of Healthcare Services may be counted toward staff to child ratio, provided:
 - Doing so does not prevent the individual from conducting the specific duties for which he or she is employed.
 - Appropriate care and supervision are maintained.
 - He or she has completed a criminal record review and a Child Abuse Center Index check in accordance with applicable law.
 - In facilities required to have a signal system as specified in Sections 87088(d) through (d)(3), at least one staff person shall be responsible for responding to such system.
 - If a child requires special care and supervision because of age, behavior or other factors, the number of on-duty direct care staff shall be increased.
- In addition, the following shall apply. The licensee shall maintain the following personnel records:
 - Complete job descriptions on all positions within the facility.
 - A description of all staff assignments, including information regarding lines of authority and staff responsibilities.
 - A dated employee time schedule developed at least monthly; displayed conveniently for employee reference; and containing the following information for each employee:
 - Name.
 - Job title.
 - Hours of work.
 - Days off.
 - Documentation of the completion by each direct care staff person and facility manager of the training specified in Sections 87065.1(a) through (d) inclusive.
 - Documentation that the administrator has met the certification requirements specified in Section 87064.2.
 - A record of each work performance evaluation and any correspondence with the employee.
 - For facility managers and staff members of a short-term residential therapeutic program who provide direct care and supervision to children residing in the facility, each personnel record shall contain a statement signed by the employee that they are at least 21 years of age.
 - Paragraph (1) shall not apply to a facility manager or staff member employed, before October 1, 2014, at a short-term residential therapeutic program which was operating under a group home license prior to January 1, 2017.

IERC's Goal when placing a child is to stabilize both the child and family by providing a nurturing, safe environment where they are welcomed, secure and comfortable in an atmosphere where relationships and trust can be developed through integrity, consistency, commitment and follow-through. These children and their families will be assisted in discovering their strengths through assessment (CANS-SB) and a treatment team-oriented approach to develop appropriate therapeutic interventions to address their specific needs along with a solid discharge plan allowing reunification or graduation to a less restrictive environment as quickly and safely as possible through the CFT/CFTM process. Therapeutic support may continue to follow the child after discharge to ensure the transition continues safely and the child has a chance to stabilize in his new environment as determined by the CFT.

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

The goals of IERC's integrated intensive Mental Health program are to assist the youth and families served to gain the skills needed to reduce and/or eliminate the symptoms of their mental health disorders and to assist them in developing more functional and adaptive behaviors while significantly reducing/eliminating maladaptive behaviors. It will be a high priority for IERC to assist family members to gain the communication, insight and parenting skills needed for the family to function more cohesively and assist the troubled youth while they strive to function more age appropriately. IERC will assist the youth served to identify their needs, communicate those needs and allow them to lead quality, contributing lives to gain the skills necessary to have their needs fulfilled. IERC intends to assist youth served to learn the necessary skills to prevent hospitalizations. IERC will assist the youth in resolving their conflicts and attempt to reduce their symptoms to eliminate their behavioral problems to achieve reunification and/or graduate to a less restrictive level of care.

In order to provide mental health services, it is understood that EPSDT funding requires the youth are recipients of full scope Medi-Cal or are Medi-Cal eligible and that they meet Medical Necessity Requirements. Through coordination with DBH and CFTM's, services may continue after discharge from the residential program, and follow up may be provided by IERC to ensure appropriate continuity of care

Clinical Treatment Team will address the child and his families' needs by identifying both current strengths and also developing new strengths through assessment, identification of needs and therapeutic intervention facilitating growth and stability. A sense of control and accomplishment occurs when short term goals are met and positive reinforcement is achieved leading to the motivation needed by children and their families to continue to work toward their positive and life affirming goals. As success is experienced, positive growth follows and sets the groundwork for successful milieu, individual, group and family therapy leading to a safe transition back to their family and/or transition to a less restrictive environment.

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

IERC serves children and families with highly differentiated needs. Children and families often need intense therapeutic/mental health support and IERC will address those needs in the following ways:

- A successful track record of helping children and families with significant needs.
- A flexible array of services that can be individualized to meet the needs of the child and family.
- Service planning which involves the child/family as the driving force in the treatment, building on the strengths of those being served, and embracing recovery, resiliency and wellness.
- Services that are responsive to the unique cultures of those served, including but not limited to; IERC will not withhold service to a client on the basis of race, color, religion, sex, age, national origin, sexuality, LGBTQ or disability. IERC is an equal opportunity employer and employment decisions are based on merit and business needs, not on culture, race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, socioeconomic status, language, genetic characteristics, religious creed, physical or mental disability, marital status, veteran status or any other factor protected by law. IERC will accommodate all persons served and Stakeholders to the best of its ability in order to meet all cultural needs, including age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language. Initial employee training includes a cultural sensitivity competency plan. IERC Board of Director's will also be held to the same standards. The cultural sensitivity competency plan will be reviewed by the Executive Director annually.
- Demonstrated positive outcomes through CBI submissions' pertinent data.
- A treatment philosophy based on empowering families, individualizing treatment planning and building skills which enable children and families to function effectively in the least restrictive setting possible.
- Behavioral health expertise which includes in-house training through certified instructors of the following evidence –based practice models, including but not limited to: Aggression Replacement Training (ART); Cognitive Behavioral Therapy; 3-5-7 Grief and Loss Therapy, Trauma Focused Cognitive Behavioral Therapy and Animal Assisted Therapy (AAT) with community partners. IERC METHODS will support and provide much needed mental health services to the most vulnerable children and their families. IERC has a non-discrimination policy which includes sexual orientation, gender identity and gender expression which will be implemented through services, activities, HR, volunteers, contractors, staff, volunteers and peer partners. IERC's program is specifically designed to address target behaviors/symptoms that are jeopardizing the child/youth's planned transition to a lower level of care. IERC provides staffing that averages, 1 staff to 4 children ratio, and at least 2 direct care staff will be on premises at all times when children are present, ensuring sufficient coverage to the children and families as needed.

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

IERC vision is to have a strength-based program that will continue to work towards enhancing and supporting; the Core Practice Model; fully utilizing the CANS-SB assessment tool to develop even more effective treatment plans; increase collaborates with its partners to provide exceptional mental health services to its clients through CFT/CFTM; provide and improve how IERC tracks outcomes through the California Benchmarking Initiative (CBI) or similar outcome based program and fully participate in and facilitate in Intensive Care Coordination during discharge planning. Through DBH contracts, IERC will increase its ability to monitor and provide support to its client's and their families after discharge to ensure a smooth and safe transition/stabilization while adjusting to a lower level of care appropriate to that child's needs as determined by the CFT. IERC will continue to focus emphasizing on shorter lengths of stay and fully utilizing community services, activities and events. IERC will increase the ability for activities to be jointly selected by the youth/care providers which will be increasingly tailored to further stabilize and develop each youth's identity, self-esteem, and efficacy internally, socially, educationally and as a part of a community at home and school. IERC will work diligently to continue to create activities that will enhance learning and mindful awareness in relationships with self, family, friends, acquaintances and class mates/residential mates.

IERC is licensed by the State of California, Department of Social Services, (license #360908389) and Community Care Licensing Division. IERC will evaluate all children referred within the ages of 6 up to the age of 18 whom display developmentally delayed/autistic behaviors who can benefit from residentially based care and who do not function safely within a less structured environment. The child's cognitive functioning should allow them to complete basic activities of daily living, communicate and utilize the treatment program that is geared to decision making and discussion. The child should show a desire to attend and participate in the program. No child will be accepted against his will if at all possible.

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

The child must be ambulatory and physically able to take care of self with instruction, assistance and supervision. A child who is actively suicidal may be admitted into placement; however, a thorough evaluation of the child's situation must be completed, and if it is determined that they cannot be safely treated at IERC, a more appropriate level of treatment will be recommended. A child with concurrent medical problems may be maintained at IERC facility unless their physical condition requires direct and continuous medical and nursing supervision.

IERC will adhere to the Short-Term Residential Treatment Program (ST RTP) regulations of the State of California, Department of Social Services, and Community Care Licensing.

Employees of IERC will be familiar with the guidelines, protocols and policies these regulations. The noted regulations can be located on line at www.cclld.ca.gov.

Inland Empire Residential Centers (IERC) is governed by an uncompensated duly elected Board of Directors, President, Vice President, Secretary and Chief Financial Officer. Board Members meet quarterly or more often as needed to discuss all aspects of the organization. Communication, Agendas and Meeting Notes are recorded. The Board of Directors review the California Department of Social Services "Facts you need to know" residential licensed board of directors on an annual basis and sign a written statement of acknowledgement. IERC Board of Directors, Executive Director, Administrator and Facility Managers are active in the quarterly, monthly, weekly and day-to-day operations. IERC strives to meet any and all legal requirements of governance as applicable.

IERC Board of Directors is elected as indicated in the organization's Bylaws. IERC strives to compile a diverse board with various skills and backgrounds to best serve IERC's population and its stakeholders. IERC adheres to its bylaws submitted to the State of California. The IERC Board of Directors reviews these on an annual basis. No more than ¼ of Board Members can be related in any way to the corporation's leadership. The Board of Directors reviews the executive leadership succession plan annually. This plan includes a review of potential candidate qualifications and the selection process should a new Executive Director need to be hired.

The Executive Director is directly responsible to the Board of Directors for carrying out all established IERC policies and procedures. The Executive Director and Administrator develop a Board Agenda consisting of pertinent and related items that are submitted to the members prior to each board meeting. The Administrator is directly responsible to the Executive Director. All employees are responsible to the Executive Director either directly or through the Administrator or their immediate supervisor.

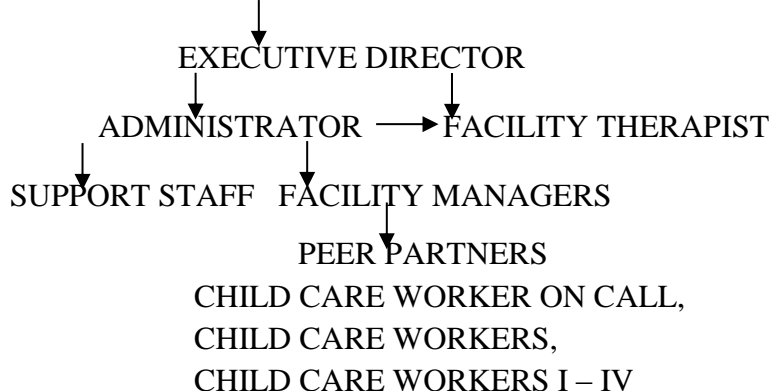
The actions of the Executive Director and Administrator in applying personnel practices shall be regulated by the guidelines established in IERC's program statement, policies and procedures and personnel manual and shall be carried out in the spirit of equity. The overriding consideration in all personnel decisions shall be the wellbeing of the children placed at IERC. Administrative actions and all statements and manuals are reviewed at least yearly and/or more often as needed. Revisions adapted will be approved by IERC Board of Directors and communicated to employees requiring a signed declaration of reception from all employees.

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

In case of uncertainty or the need for clarification, employees shall obtain interpretations of personnel and/or program policies from their immediate supervisor or the Administrator. If further clarification is needed the Administrator shall seek an interpretation from the Executive Director who, if necessary, will secure an interpretation from the Board of Directors.

Organizational Chart: IERC BOARD OF DIRECTORS



Direct Child Care staff, support staff, peer partners, volunteers and interns must communicate concerns, complaints, issues, questions, suggestions, etc. to their shift Facility Manager. The Facility Manager will seek support from the Administrator as well as report problems to the Administrator and make recommendations to solve them when appropriate. The Chain of Command must be preserved and maintained at all times. Staff members may seek assistance outside the chain of command if a situation warrants, however using the chain of command is encouraged whenever possible. IERC does not have a Parent Organization.

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

Utilizing Senior Staff members and teamwork is imperative. There is always a Facility Manager, Facility Therapist, Administrator and senior staff member available for support. IERC Administration will provide support, guidance and training consistently to all employees in the following ways: weekly Administration, Therapist, Facility Manager and Treatment Team meetings; monthly Continuing Education Training that include outlines, handouts as well as pre-and post-testing and all meeting and training notes are provided for employees to review at their convenience.; Individual Training (IT) Meetings are conducted bi-weekly with direct child care employees. IERC Administrator shall work a minimum of 20 hours per week and be present at the facility. In the absence of the Administrator a qualified designee will be assigned.

IERC serves children ages 6 through the age of 18. Children placed at IERC suffer a number of issues. These include but are not limited to: psychiatric and psychological issues that include extreme behavioral problems which include aggression toward property, self and others. IERC serves children diagnosed with various disorders and behaviors including, but not limited to the following:

- various forms of Autism including Asperger's,
- trauma
- post-traumatic stress disorder
- depression,
- phobias,
- assaultive behaviors,
- anxiety disorders,
- conduct disorders,
- low self-esteem,
- rejection/abandonment issues,
- distractibility, hyperactivity,
- agitation,
- learning disabilities, below grade level
- disruptiveness,
- attention deficit hyper activity disorder
- sexual abuse,
- physical abuse,
- AWOL behaviors,
- fire-setting,
- poorly developed social skills,
- impulsivity,
- manipulation, lying,
- destructive behaviors

PLAN OF OPERATION

PART A: Vision, Mission, Goals, Philosophies

IERC is a self-contained facility with appropriate therapeutic resources and treatment where most activities can take place on-grounds. The program is geared to treat abused and neglected children who suffer from severe emotional disturbances or similar conditions. The program involves strength based, intensive treatment and utilizes various therapy modalities which may include but are not limited to, Aggression Replacement Training (ART), 3 – 5 – 7 Grief and Loss Component, permanency planning, milieu therapy, individual, family therapy, behavior modification, crises intervention, etc.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

IERC provides an efficient and coordinated administration of approximately 30 – 40 employed direct care staff, volunteers and peer partners. IERC provides a prescriptive, integrated, multi-disciplinary approach to all aspects of the child's life with a secure, firm and nurturing environment that addresses the special individual needs of each child. IERC has a non-discrimination policy which includes sexual orientation, gender identity and gender expression which will be implemented through services, activities, HR, volunteers, contractors, staff, volunteers and peer partners.

IERC provides weekly staff training and monthly continuing education and additional staff training as needed.

Consistency, structure, compassion, empathy and genuine caring for the children placed at IERC are important elements that contribute to an effective program.

Many children come from unstable, inconsistent, insecure and unsafe backgrounds or environments. The daily routine is planned, organized and detailed in such a way that all activities are easily understood and occur at specific times.

IERC will, when necessary provide translation services and/or multilingual staff and/or multicultural staff available to provide services to support the program and its population.

IERC promotes an open-door policy and is open to employee/child input, suggestions and concerns and will review all issues with Administration as well as at quarterly board meetings to ensure quality of care compliance. Administration is located on site at 710 Church Street, Redlands, CA 92374. Executive Director and Administrator offices are located at said location allowing employee and client access 5 days per week. Executive Director and Administrator contact information (i.e. home/cell phone, email) are made available for 24-hour access. Administration regularly communicates with employees and clients to ensure needs are identified and responded to in a timely manner. Administration surveys children and employees on a quarterly basis. Results of IERC surveys are reviewed and discussed in treatment team and client house meetings as well as presented to the Board of Directors for review. IERC's values and philosophy consist of ensuring that all employees and clients are treated with respect and dignity.

IERC will preserve the children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.

IERC will not withhold service to a client on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTQ, CSEC or disability. IERC is an equal opportunity employer and employment decisions are based on merit and business needs, not on culture, race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, socioeconomic status, language, genetic characteristics, religious creed, physical or mental disability, marital status, veteran status or any other factor protected by law.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

IERC promotes a professional, safe and structured working and living environment. IERC participates in Quality Improvement and Benchmarking Initiatives and shares with employees and clients the outcomes of such studies including successes and areas in need of improvement. IERC is committed to ensuring the corporation remains financially solvent and the needs of the clients and employees are met accordingly and with due diligence.

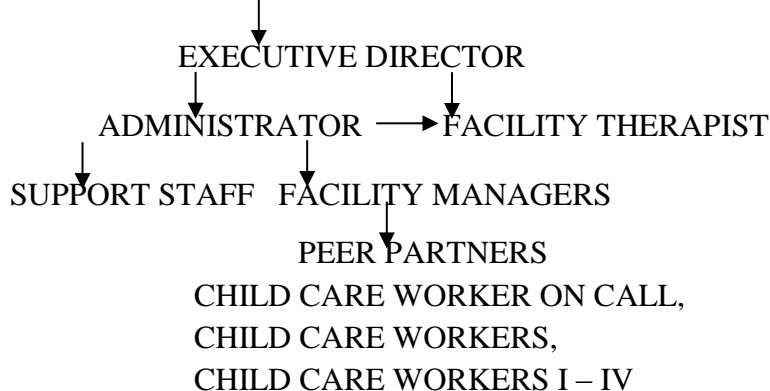
IERC complies with local, state and federal regulatory requirements. The Board of Directors reviews regulatory requirements yearly or more often as necessary.

The Lines of authority/chain of command is as follows: Board of Directors - Executive Director-Administrator-(Facility Social Worker/Therapist) - Facility Manager, and Direct care Child Care Workers/Support Staff and Peer Partners. All IERC employees must meet the minimum regulatory authority (i.e. age, fingerprint, CPR/First Aid, etc.). Verification of employment of Administrator, Social Work/Therapist licensed or certified mental health professional, direct care and support staff necessary to perform duties specified in applicable law will be facilitated. IERC designated Administrators will have a current Administrator Certificate from the Department of Social Services, Community Care Licensing division. A designee Administrator shall be clearly delegated when he/she is absent from the facility, and will be the Facility Manager on shift.

IERC will provide translator services when necessary. IERC will utilize the Interpreter Services of San Bernardino County, IERC will strive to provide cultural needs and supports to the clients placed.

As indicated in Section A (vision, mission, purpose goals and philosophies), the following is IERC's organizational chart that includes corporate structure. IERC does not have a parent organization.

Organizational Chart: IERC BOARD OF DIRECTORS



PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

IERC has employed approximately 30-40 employees that include, Executive Director, Administrator, Support Staff, therapeutic and direct child care staff and peer partners. IERC also utilizes volunteers, parent partners and interns.

IERC's philosophy is to encourage and teach personal responsibility by having the child view the effect his behavior has on the environment and on those around him. The child is taught that he has freedom to make choices and to accept the responsibility and the consequences, positive and negative, of those choices. The child's family is involved in this process whenever possible. IERC's motto, "**Building a Child prevents mending a Man.**" –*Very Rev. Fr. Peter P. Staviski.*

POLICY FOR LEADERSHIP SUCCESSION

It is the policy of Inland Empire Residential Centers, Inc. that in the unforeseen event that the Executive Director is unable to continue in his/her position, the Board of Directors will appoint the Administrator to lead as the interim Executive Director. The Board of Directors will recruit and interview prospective qualified candidates in order to find a suitable and permanent replacement.

PLAN OF OPERATION**PART B: ADMINISTRATIVE ORGANIZATION****JOB DESCRIPTIONS - EXECUTIVE DIRECTOR**

The Executive Director of a facility with a licensed capacity of 13 or more children shall be 21 years of age and meet one of the following requirements: Have a Master's Degree in a behavioral science from an accredited college or university, plus at least one year of administrative experience. Have a Master's Degree in a behavioral science from an accredited college or university, plus two years of employment as a social worker in a group home setting. Have a Bachelor's degree from an accredited college or university, plus three years' experience over social work, childcare and/or support staff. Have completed at least 2 years at an accredited college or university, plus five years' administration experience over social work, childcare and/or support staff. All employees of IERC shall complete all personnel paperwork required, prior to employment.

- Must have knowledge of the requirements for providing the type of care and supervision needed by children/residents in this type of STRTP facility including the ability to communicate with the residents.
- Establishes the corporation's policy, program and budget.
- Make assessments of facility's operations and program on a regular basis.
- Comply with laws and regulations governing the facility.
- Direct and evaluate the direct child care program in accordance with State and County regulations.
- Makes necessary reports and recommendations to state regulatory bodies to address identified problems.
- Supervises maintenance of personnel and payroll records. Delegate as appropriate.
- Responsible for preparation of the budget, to meet budget limitations and requirements, financial reports, and supervise and maintain financial records.
- Organizes the operations and work of the facilities and delegates responsibilities to staff.
- Develop appropriate Policies and Procedures.
- Develop a plan of orientation, development training, and evaluation of staff, including in-service training, on-the-job training, and supervision; delegate as appropriate.
- Review complaints by children and/or their authorized representatives, and decide on action to be taken in resolving complaints. Maintain ongoing communication with placing agencies.
- Set the tone, the demeanor and focus for the entire program. It is important that all staff members work together as a team, so as to accomplish goals and set examples for the children in care.
- Supervise and Train ART (Anger Replacement Training).
- Supervise and Train PRO-ACT training for all direct care staff.
- Will not withhold service to a client on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTQ or disability.
- Will uphold all children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTIONS - EXECUTIVE DIRECTOR

- Meets with Administrator weekly and Board of Directors quarterly or more often as needed. Administration and Board Meetings include but are not limited to the following:
 - Review and approve previous board meeting minutes; current financial statements; special incident report continuous quality improvement data (includes status report regarding critical incidents and the minimization of restraints).
 - Semi-Annually, Annually or more often as needed: Review of policies guided by leadership; cultural competency and diversity plan; self-assessment; conflict of interest; ethical codes of conduct; leadership performance; leadership succession plan; executive compensation; governance policies; strategic plan, budgets, audit, risk management, insurance package; health and safety inspections; accessibility plan, any CCL/County/OSHA investigations; performance analysis; Continuous Quality Improvement Plan (CQI includes surveys, assessments and reports of input gathered and program outcomes from persons serviced, personnel and stakeholders).
- Ensure client and personnel confidentiality within federal, state and county regulations.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds. Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment may be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTIONS - ADMINISTRATOR

The Certified Administrator of a facility with a licensed capacity of 13 or more children shall be at least 21 years of age and meet one of the following requirements:

- Have a Master's Degree in a behavioral science from an accredited college or university, plus two years of employment as a social worker in an agency serving children or in a residential congregate care program.
- Have a Master's Degree in a behavioral science from an accredited college or university, plus two years of employment as a social worker in a group home setting.
- Have a Bachelor's degree from an accredited college or university, plus three years' experience administrative experience or supervisory experience over social work, direct child care and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.
- Have completed at least 2 years at an accredited college or university, plus five years' administration experience or supervisory experience over social work, direct childcare and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.
- The Administrator may be a qualified and certified group home and/or STRTP administrator prior to January 1, 2017.
- The Certified Administrator shall be on the premises for a minimum of 20 hours per week.
- All employees of IERC shall complete all personnel paperwork required, prior to employment.
- Administrator may be counted toward the staff to child ratios acting as a direct care staff.
- Assist Executive Director in establishes the corporation's policy, program and budget.
- Make assessments of facility's operations and program on a regular basis.
- Direct and evaluate the direct childcare program in accordance with federal, state and county regulations.
- Makes necessary reports and recommendations to regulatory bodies to address identified problems.
- Assist the Executive Director in the preparation of the budget, financial reports, and supervise and maintain financial records; work with auditor and accountants. Supervise and maintain payroll records.
- Provide a minimum of 8 hours initial orientation training to all new direct care staff.
- Provide a minimum of 1-hour initial training to Facility managers and 2 hours of harassment training yearly and ongoing weekly training.
- Provide weekly treatment team meeting with Facility Manager staff.
- Organize the operations and work of the facilities and delegate responsibilities to all staff.
- Develop and update Personnel Manual, Policies and Procedures and Program Statement.
- Develop a plan of orientation, development training, and evaluation of staff, including in-service training, on-the-job training, and supervision.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTIONS - ADMINISTRATOR

- Review complaints by children and/or their authorized representatives, decide what action is to be taken in resolving complaints. Seek guidance and support from Executive Director when needed.
- Set the tone, the demeanor and focus for the entire program. Promote and encourage team work with all direct care staff, support staff, therapeutic staff, volunteers, peer partners, parent partners and interns.
- Supervise and maintain the buildings, grounds and equipment.
- Recruit and employee qualified staff. Conduct disciplinary action with employees.
- Clarify job descriptions and responsibilities.
- Assist with client Intake referrals.
- Establish and ensure maintenance and security of personnel records.
- Assist treatment team in developing needs and services, educational and permanency plans.
- Accept and review complaints/concerns from the community.
- Review Special Incident Reports.
- Maintain STRTP Administrator Certification and Continuing Education units as required.
- Serves as the Corporation Corporate Compliance Officer as appointed by the Executive Director with the approval of the Board of Directors.
- Supervises Facility Manager and Direct Care Child Staff.
- Will not withhold service to a client on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTQ or disability. IERC is an equal opportunity employer and employment decisions are based on merit and business needs, not on culture, race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, socioeconomic status, language, genetic characteristics, religious creed, physical or mental disability, marital status, veteran status or any other factor protected by law.
- Preserve the Children's Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Ensure client and personnel confidentiality within federal, state and county regulations.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds. Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment may be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTIONS - LICENSED PROGRAM DIRECTOR / HEAD OF SERVICE (LCSW/LMFT)

Must be 21 years of age and have a graduate degree (Master's Degree) in social work, marriage, family and child counseling or state licensing approved behavioral science. All employees of IERC shall complete all personnel paperwork required, prior to employment. Must have a license in a behavioral science issued by California Board of Behavioral Sciences, i.e. LCSW, LMFT. Duties include but are not limited to the following:

- Provide training and supervision for all graduate degree clinical staff (Master's Degree) in social work, psychology, marriage, family and child counseling or state licensing approved behavioral science. May include pre-licensure supervision.
- Conduct weekly clinical treatment team meetings and maintain records of those meetings.
- Supervise and/or conduct client referrals and maintain records.
- Supervise and/or conduct client assessments as required.
- Supervisor and/or obtain and records and information regarding client intake, assessment, treatment plan and discharge/termination plan.
- Develop, implement, coordinate and re-evaluate individual treatment plans, needs and services plans and discharge termination plans
- Review Facility Therapists / Social Worker treatment notes, needs and services plans, quarterly reports, written documentation as required for mental health contract and additional therapeutic duties as required.
- Review and/or develop quarterly progress reports.
- Supervise and/or conduct individual therapeutic sessions with children a minimum of once weekly; and as often as needed for crisis and case management, family therapy, CFTM's, maintain treatment notes.
- Supervise and/or Conduct therapeutic groups with children as needed on a variety of areas that are helpful to the children's needs twice weekly.
- Supervise the integration of child enrollment in school, through implementation of the individual treatment plan, attendance of Individualized Education Plan (IEP) conferences, parent-teacher conferences. Build and maintain positive relationships with school district personnel to help establish a successful educational experience.
- Supervise and/or facilitate family therapy sessions.
- Review complaints and concerns communicated from clients, staff, family, county representative, community partners regarding the therapeutic program. Communicate with Executive Director and Administrator determination and resolution.
- Review client needs and services plan, therapeutic goals and progress at weekly treatment team (staff) meeting,

- Supervise contracted and/or internal therapeutic services that include Therapeutic Behavior Services (TBS), Rehab ADL Specialist, wraparound services, Psychiatry and Psychology services.
- Direct and supervise master degree level interns.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTIONS - LICENSED PROGRAM DIRECTOR (LCSW/LMFT)/HEAD OF SERVICE

- Provide therapeutic services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGQTQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Ensure client confidentiality within federal, state and county regulations.
- Any client records taken off site must be secured in a locked security bag and confidentiality preserved.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds.

Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment may be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – Facility Social Worker / Facility Therapist

Must be 21 years of age, has a Master of Social Work Degree, complete all personnel paperwork required, prior to employment. and meet the following education and experience requirements:

- Must have a graduate degree (Master's Degree) from an accredited or state approved graduate school, as defined by the Department of Education, in social work or social welfare, marriage, family and child counseling, child psychology, child development, counseling psychology or social psychology. May have a License in Social Worker and/or Marriage Family Therapist and Duties include but are not limited to the following:
- Completion of at least 3 semester units of 100 days of field practice or experience in a public or private social service agency at the Master's Degree level.
- At least nine semester units or 100 days of field practice or experience in a public or private social service agency at the Master's Degree level.
- At least nine semester units of coursework related to children and families, or 18 months' experience working with children and families.
- At least three semester units in working with minority populations; 6 months of experience in with minority populations; or six months in-service training in working with minority populations within the first year of employment as a condition of employment.
- At least three semester units in child welfare, or two years' experience in a public or private child welfare social service setting.

All IERC Social Workers/Therapists will be responsible for the following duties:

- Participate and assist Head of Service with client intake referrals and assessments.
- Obtain client records and information regarding intake, assessment, treatment plan and discharge/termination plan.
- Ensure provision of or access to core services and supports to clients.
- Develop, implement, coordinate and re-evaluate individual treatment plan, needs and services plan and discharge termination plan for each resident.
- Develop client quarterly progress reports; needs and services plans and review every 30 days.
- Conduct individual therapeutic sessions with children a minimum of once weekly; and more often as needed for emergencies, crisis and case management.
- Conduct therapeutic groups with children twice weekly.
- Facilitate family therapy sessions when applicable.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – Facility Social Worker / Facility Therapist

- Assist in the integration of child enrollment in school, through implementation of the individual treatment plan, attendance of Individualized Education Plan (IEP) conferences, parent-teacher, maintain positive relationships with school district personnel in efforts to establish a successful educational experience.
- Review complaints and concerns communicated from clients, staff, family, county representative, community partners regarding the therapeutic program. Communicate with Head of Service, Executive Director and/or Administrator to assist in facilitating a determination and resolution.
- Review client needs and services plan, therapeutic goals and progress at weekly treatment team (staff) meeting. Advise and support direct care staff.
- Review client caseloads to Head of Service, Executive Director and Administrator weekly.
- Review client needs and services plan, therapeutic goals and progress at weekly treatment team (staff) meeting,
- Support contracted and/or internal therapeutic services that include Therapeutic Behavior Services (TBS), Rehab ADL Specialist, wraparound, Psychiatry and Psychology services.
- Develop and support therapeutic modalities within the therapeutic program.
- Support Master's degree level interns as directed by the Head of Service.
- Provide therapeutic services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTO, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Ensure client confidentiality within federal, state and county regulations. Any client records taken off site must be secured in a locked security bag and confidentiality preserved.
- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Administrator immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – Facility Social Worker / Facility Therapist

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds. Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment may be more than moderate.

PLAN OF OPERATION**PART B: ADMINISTRATIVE ORGANIZATION****JOB DESCRIPTION – Secretary (Support Staff – NOT Direct Care Staff)**

Employee must meet the employment needs of IERC and the requirements of Community Care Licensing and that of other governmental agencies as applicable. All employees of IERC shall complete all personnel paperwork required, prior to employment. This position is designated as nonexempt.

- Have a working knowledge of MS Word, Excel; general computer skills, fax, copier and scanner use, etc.
- Maintain a positive, pleasant and cooperative attitude, demonstrate team work with all employees, volunteers, families, visitors and community partners.
- Present self in a professional manner at all times in manner and dress.
- Complete reasonable tasks as requested by Administration.
- Type and format Special Incident Reports, Needs and Services plans, Quarterly reports, CQI data submitted by administration/direct care staff/therapeutic staff and with the direction and approval of Administration; mail, email, file and maintain logs.
- Maintain CQI and Quality Improvement Data as directed by Executive Director and Administrator.
- Maintain individual direct care staff training hours and log consistently.
- Maintain weekly treatment team/staff meeting notes, pre/posttests, literature participant signature logs.
- Provide client intake assessment and pre-placement packets for Head of Service/Therapeutic staff.
- Open new client case and medical files; maintain current client case and medical files orderly; file as needed. Close terminated client case and medical files within 45 days of termination. Ensure secure storage.
- Maintain a client card that includes picture, admission/termination dates, contact information of county social worker/representative, birth date, known allergies, educational rights holder and any other pertinent information related to the client.
- Copy, scan, email, mail correspondence as directed by Administration.
- Maintain organization and prioritization of work load; request assistance when needed.
- Use and maintain office equipment, inform Administrator of any deficiencies or needed services.
- Assist Administrator, Executive Director, direct care staff, therapeutic and support staff as needed.
- Ensure time sheets and cards are provided for all staff on a twice monthly basis within the payroll periods. Collect payroll cards/sheets within three days of the end of the payroll period. Review, ensure signatures of employee and supervisor; calculate work hours by the minute and submit to Administrator for payroll processing at least 3 days prior to the payroll date.
- Transport self, in IERC vehicle to off-site destinations in the process of conducting the organizations business.
- Ensure approval from Executive Director and/or Administrator prior to completing a task that is outside normal duties.
- Maintain the supply cabinet in order and supplied as needed; submit and request to Executive Director or Administrator for purchase of needed items.
- Assist with Title I supply from RUSD which are primarily for school. Order, distribute and store.

- Submit monthly Nutrition information to the Department of Education.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – Secretary (Support Staff – no Direct Care)

- Maintain and back up personnel and child records to IERC's server to maintain information as required by law and minimize loss or damage to records.
- Complete time sheet and time card in accordance with IERC payroll protocols.
- Work schedule days are Monday thru Friday; hours may vary; a 10-minute work break every 4 hours of work and 30-minute meal/rest period every 8 hours of work. Overtime will be calculated after the 8th hour of a work day and after 40 hours in a work week.
- Provide services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGQTQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Administrator immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds.

Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment can be more than moderate.

PLAN OF OPERATION**PART B: ADMINISTRATIVE ORGANIZATION****JOB DESCRIPTION – FACILITY MANAGER / DIRECT CARE STAFF**

Facility Manager employment requirements will be maintained as regulated by State Community Care Licensing. IERC shall designate at least one facility manager and/or designee to be present at the facility at all times when one or more children are present. Facility Managers are directly responsible for Direct Care staff and Support staff at the direction of Administration. Facility Manager shall meet one of the following requirements prior to employment. 21 years or older, per State regulation. Bachelor of Arts or Sciences degree; or two years' experience as direct child care staff in a group home or short-term residential therapeutic program (ST RTP). Verification shall be provided and maintained in personnel file. All employees of IERC shall complete all personnel paperwork required, prior to employment. This is a nonexempt position.

- Complete 4 hours Facility Manager Training presented by the Administrator or designee.
- Complete 2 hours of Harassment Training and Cultural Competency Training for Management presented by Administrator or designee. This training will be completed at hire of position and ongoing yearly.
- Communicate effectively with Administrator, Executive Director; provide support and feedback. Follow IERC policies, procedures, personnel, program statement (as approved by CCL) protocols and mandates. Provide Administrator a brief summary of each shift. Inform Administrator immediately of all physical interventions, injuries, illness, work related injuries, vehicle accidents, law enforcement or emergency response and any other significant event.
- Complete assigned duties in a timely and effective manner; seek clarification or assistance when needed from Administration.
- Provide support to therapeutic staff.
- Provide aid, guidance and direction to support staff.
- Provide services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBG TQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Ensure client and personnel confidentiality within federal, state and county regulations.
- Build and maintain positive relationships with Administration and provide leadership to co-workers, Direct Care Staff and Support Staff.
- Promote a positive attitude and conduct self professionally in manner and dress.
- Promote the integrity and professionalism of the program.
- Effectively supervise and train direct care and support staff to conduct themselves in a professional and strength-based manner.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – FACILITY MANAGER / DIRECT CARE STAFF

- Ensure children are effectively supervised and their whereabouts are accounted for at all times. Supervise and train direct care staff on effective individual and group supervision.
- Be familiar with client's contact information, restrictions, visitations.
- Train newly hired direct care staff utilizing the direct care training checklist and Facility Manager Shadow training tools for a total of 64 hours prior to utilizing staff in ratio/coverage with Administrator approval.
- Ensure IERC's emergency intervention plan (EIP) is followed in regard to counseling and proactive techniques to utilize prior to physical intervention and then only when child is danger to self or others. No staff may facilitate physical intervention before attending a 16-hour Pro-Act training with Executive Director and only after completion and approval by Administration.
- Provide ongoing training, direction and supervision of direct care staff. Direct staff to become familiar with IERC policies and procedures, personnel, program statement (as approved by CCL) protocols, policies and mandates.
- Train and Direct staff to complete daily, weekly and monthly responsibilities in a timely manner and in accordance with IERC protocols.
- Supervise and direct staff to provide for the daily care of the children individually and as a group. Teach children basic daily living skills, encourage self-control, chore responsibilities, school activities, proper behavior and child to adult relationships, program goals, personal goals and the progressive development system (PDS).
- Ensure mealtimes are properly supervised, encouraging proper table manners and behavior and conversation. Ensure meals are prepared in accordance with the menu, nutritional guidelines and IERC protocols.
- Ensure the basic needs of the children are met; teaching proper personal hygiene, wearing clean and appropriate clothing, laundering linens; promote proper sleeping and healthy eating habits. Support, assist and facilitate Aggression Replacement Treatment (ART) and other behavioral and therapeutic groups.
- Support the educational process. Assist and facilitate Homework Club; ensure there is assistance for them with homework, school work and other activities necessary for the children's educational success.
- Provide ongoing training, direction and supervision of direct care staff. Direct staff to become familiar with IERC policies and procedures, personnel, program statement (as approved by CCL) protocols, policies and mandates. Supervise and direct staff to provide for the daily care of the children individually and as a group. Supervise and teach children basic daily living skills, encourage self-control, chore responsibilities, school activities, proper behavior and child to adult relationships, program goals, personal goals and the progressive development system (PDS). Always treat the children with respect and dignity. Never belittle children or their relatives or representatives. Never call the children derogatory names and always use appropriate language, tone and self-control. Ensure CCW and support staff does the same.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – FACILITY MANAGER / DIRECT CARE STAFF

- Provide and direct staff to afford unconditional positive regard to and treat the children with dignity and respect.
- Responsible in organizing, planning, coordinating and implementing outings or activities. Ensure protocols are followed and authorization is obtained from Administrator when required.
- Responsible for weekly Petty Cash, receipts and facilitation. Utilize funds for authorized purchases/outings and ensure receipts and forms are completed for reconciliation.
- Accurate accounting of the children's allowances on individual child cards, noting deposit of allowance and withdrawal. Ensure all monies are secured and accounted for.
- Assist with the organization and implementation of the IERC yearly picnic with Administration.
- Assist with the organization of Birthdays, Christmas, Holiday parties/activities/outings, Student Success Academy (SSA), and other events with support staff and Administration.
- Ensure all appropriate entries, logging, communication is completed in a timely, legible and concise manner. These include PDS, ACS, Contact Sheet, SIR's (internal and reportable), medication records, medical files, maintenance checklist, Night Log, Consequence Log, Staff Communication Log, sign in and out sheet, visitor log, transportation log. Ensure confidentiality and secure all records when not in use.
- Train and direct staff to ensure the living environment is kept clean, safe and maintained and is in accordance with IERC and CCL protocols.
- Direct staff to assist children in completion of their daily chores and routines.
- Responsible for IERC owned and/or leased vehicles are maintained in good condition. Direct staff to follow transportation and safety policies, including utilizing the vehicle log every time driven. Ensure maintenance needs are communicated to Administration for resolution.
- Train and direct staff to utilize the gasoline charge account appropriately and ensure receipts are turned in promptly.
- Facility Managers are the designated Safety Officers and must maintain supervision of staff and children until relieved in cases of emergency and crises. Know whom to contact and what to do in cases of emergency and crises.
- Participate in weekly FM and Treatment Team (Staff Meeting). Provide support, training and direction to staff during meetings and in addition, twice monthly, Individual Training (IT). Attend additional trainings as directed by Administration.

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – FACILITY MANAGER / DIRECT CARE STAFF

- Complete Medication Records; Med Given Out, Pill Count, Centrally Stored, refill of prescriptions, documentation of all changes, additions and corrections, proper storage of medications, secure medication from unauthorized individuals. Follow IERC and CCL medication protocols, policies and procedures. Report any medication errors immediately to the Administrator and/or Executive Director. Explain to each child what medications they are taking, what they look like and what possible side effects may be. Coordinate with pharmacy to ensure timely delivery or pick up of medications. Train lead staff as directed by the Administrator to complete the medication protocol in the absence of the Facility Manager.
- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Administrator immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk and hear. The employee frequently is required to stand, walk, sit, use hands, handle or feel, reach with hands arms, stoop, kneel, crouch, crawl, taste, smell. The employee is occasionally required to climb or balance. The employee must frequently lift or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision and depth perception.

While performing the duties of this job the employee may be exposed to outside weather conditions. The employee may be exposed to wet or humid, extreme cold, extreme heat conditions. The noise level in the work environment can be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER IV / DIRECT CARE STAFF

Must be 21 years of age and has met Community Care Licensing requirements. CCW IV is considered a Lead staff in the event a Facility Manager is not present and will assume the FM duties when needed. All employees of IERC shall complete all personnel paperwork required, prior to employment. This is a nonexempt position.

- Complete assigned duties as directed by the Facility Manager in a timely and effective manner; seek clarification or assistance when needed.
- Provide support to therapeutic staff.
- Provide support, aid and guidance to Child Care Workers I-III and support staff in a team-oriented approach and manner.
- Provide services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGQTQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Ensure client and personnel confidentiality within federal, state and county regulations.
- Build and maintain positive relationships with Facility Manager, co-workers and Support Staff.
- Promote a positive attitude and conduct self professionally in manner and dress.
- Promote the integrity and professionalism of the program.
- Ensure children are effectively supervised and their whereabouts are accounted for at all times. Possess effective individual and group control.
- Be familiar with client's contact information, restrictions, visitations.
- Follow IERC's emergency intervention plan (EIP) in regard to counseling and proactive techniques to utilize prior to physical intervention and then only when child is danger to self or others. No staff may facilitate physical intervention before attending a 16-hour Pro-Act training with Executive Director and only after completion and approval by Administration.
- Be familiar with IERC policies and procedures, personnel, program statement (as approved by CCL) protocols, policies and mandates.
- Complete daily, weekly and monthly responsibilities in a timely manner and in accordance with IERC protocols.
- Provide for the daily care of the children individually and as a group. Teach children basic daily living skills, encourage self-control, chore responsibilities, school activities, proper behavior and child to adult relationships, program goals, personal goals, proper personal hygiene, wearing clean and appropriate clothing, laundering linens; promote proper sleeping and healthy eating habits. Be aware of their PDS goals and encourage and support them in meeting those goals.
- Support and assist the Aggression Replacement Treatment (ART) and other behavioral and therapeutic groups as directed by Facility Manager.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER IV / DIRECT CARE STAFF

- Ensure mealtimes are properly supervised, encouraging proper table manners and behavior and conversation. Ensure meals are prepared in accordance with the menu, nutritional guidelines and IERC protocols.
- Support the educational process. Assist Homework Club if needed.
- Always treat the children with respect and dignity. Never belittle children or their relatives or representatives. Never call the children derogatory names and always use appropriate language, tone and self-control.
- Provide unconditional positive regard to and treat the children with dignity and respect.
- Ensure outing protocols are followed and authorization is obtained from Facility Manager when required.
- Be responsible for petty cash and receipts. Use petty cash for authorized purchases and outings as directed by the Facility Manager.
- Assist with the organization of Birthdays, Christmas, Holiday parties/activities/outings, Student Success Academy (SSA), and other events with support staff and Facility Manager.
- Ensure all appropriate entries, logging, communication is completed in a timely, legible and concise manner. These include PDS, ACS, Contact Sheet, SIR's (internal and reportable), medication records, medical files, maintenance checklist, Night Log, Consequence Log, Staff Communication Log, sign in and out sheet, visitor log, transportation log. Ensure confidentiality and secure all records when not in use.
- Assist in keeping the living environment clean, safe and maintained and is in accordance with IERC and CCL protocols.
- Assist children in completion of their daily chores and routines.
- Be responsible for IERC owned and/or leased vehicles are maintained in good condition. Follow transportation and safety policies, including utilizing the vehicle log every time driven. Ensure maintenance needs are communicated to Facility Manager for resolution.
- Use the gasoline charge account appropriately and ensure receipts are turned in promptly.
- Know whom to contact and what to do in cases of emergency and crises.
- Participate in weekly Treatment Team (Staff Meeting). Attend additional trainings as directed by Facility Manager.
- Become familiar with the duties of administration of medication that includes; complete Medication Records; Med Given Out, Pill Count, Centrally Stored, refill of prescriptions, documentation of all changes, additions and corrections, proper storage of medications, secure medication from unauthorized individuals. Follow IERC and CCL medication protocols, policies and procedures. Report any medication errors immediately to the Administrator and/or Executive Director. Be able to explain to each child what medications they are taking, what they look like and what possible side effects may be.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER IV / DIRECT CARE STAFF

- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

CHILD CARE WORKER IV – OVERNIGHT/NOC (9p-7a) additional job responsibilities:

- NOC direct care staff are required to remain awake and alert during the entire shift.
- Children must be visually supervised at all times through 15 minutes checks or more often as needed. Staff should be able to see either their head or feet to ensure children are in bed.
- Must document the children's status in the Night Log every 15 minutes, documenting any disturbances, awake, talking or walking in sleep, nightmares, instances of Enuresis, Encopresis, sleeping problems, etc. Any issues during overnight must also be documented in the ACS and written SIR. Significant issues must also be communicated to the Administrator directly.
- Provide a supportive demeanor if utilizing awake up schedule for clients with regard to enuresis or medications.
- Communicate with day/evening CCW and FM Staff. Chronicle shift activities in the Staff Communication Narrative.
- Secure the perimeter; ensure all doors and fire doors are locked and secure.
- Complete children's laundry as assigned.
- Fold and store children's clothing appropriately
- Launder, dry and fold towels.
- Set up breakfast; check menu and assist with any meal needs.
- Set out Bed Sheets, Vacuums, and mops and mop bucket with water.
- Set out hygiene boxes.
- Empty office and bathroom trash cans.
- Sweep and mop floors if needed.
- Wipe down counters and dust television and shelves.
- Empty dishwasher and ensure kitchen are clean and sanitary.
- Clean staff office and bathroom.
- Clean laundry room.
- Give support or assistance when needed or as directed by Facility Manager.
- NOC Staff must ensure facility remains calm and quiet to promote a peaceful and safe atmosphere for the children to sleep.
- Be aware of emergency and evacuation procedures.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER IV / DIRECT CARE STAFF

- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds.

Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment may be more than moderate.

PLAN OF OPERATION**PART B: ADMINISTRATIVE ORGANIZATION****JOB DESCRIPTION - CHILD CARE WORKER III / DIRECT CARE STAFF**

Must be 21 years of age and has met Community Care Licensing requirements. CCW III is considered a experienced direct care staff and may be called upon to support Facility Manager and/or Lead Staff. All employees of IERC shall complete all personnel paperwork required, prior to employment. This is a nonexempt position.

- Complete assigned duties as directed by the Facility Manager in a timely and effective manner; seek clarification or assistance when needed.
- Provide support to therapeutic staff.
- Provide support, aid and guidance to Child Care Workers I-II and support staff in a team-oriented approach and manner.
- Provide services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Ensure client and personnel confidentiality within federal, state and county regulations.
- Build and maintain positive relationships with Facility Manager, co-workers and Support Staff.
- Promote a positive attitude and conduct self professionally in manner and dress.
- Promote the integrity and professionalism of the program.
- Ensure children are effectively supervised and their whereabouts are accounted for at all times. Possess effective individual and group control.
- Be familiar with client's contact information, restrictions, visitations.
- Follow IERC's emergency intervention plan (EIP) in regard to counseling and proactive techniques to utilize prior to physical intervention and then only when child is danger to self or others. No staff may facilitate physical intervention before attending a 16-hour Pro-Act training with Executive Director and only after completion and approval by Administration.
- Be familiar with IERC policies and procedures, personnel, program statement (as approved by CCL) protocols, policies and mandates.
- Complete daily, weekly and monthly responsibilities in a timely manner and in accordance with IERC protocols.
- Provide for the daily care of the children individually and as a group. Teach children basic daily living skills, encourage self-control, chore responsibilities, school activities, proper behavior and child to adult relationships, program goals, personal goals, proper personal hygiene, wearing clean and appropriate clothing, laundering linens; promote proper sleeping and healthy eating habits. Be aware of their PDS goals and encourage and support them in meeting those goals.
- Support and assist the Aggression Replacement Treatment (ART) and other behavioral and therapeutic groups as directed by Facility Manager.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER III / DIRECT CARE STAFF

- Ensure mealtimes are properly supervised, encouraging proper table manners and behavior and conversation. Ensure meals are prepared in accordance with the menu, nutritional guidelines and IERC protocols.
- Support the educational process. Assist Homework Club if needed.
- Always treat the children with respect and dignity. Never belittle children or their relatives or representatives. Never call the children derogatory names and always use appropriate language, tone and self-control.
- Provide unconditional positive regard to and treat the children with dignity and respect.
- Ensure outing protocols are followed and authorization is obtained from Facility Manager when required.
- Be responsible for petty cash and receipts. Use petty cash for authorized purchases and outings as directed by the Facility Manager.
- Assist with the organization of Birthdays, Christmas, Holiday parties/activities/outings, Student Success Academy (SSA), and other events with co-workers, support staff and Facility Manager.
- Ensure all appropriate entries, logging, communication is completed in a timely, legible and concise manner. These include PDS, ACS, Contact Sheet, SIR's (internal and reportable), medication records, medical files, maintenance checklist, Night Log, Consequence Log, Staff Communication Log, sign in and out sheet, visitor log, transportation log. Ensure confidentiality and secure all records when not in use.
- Assist in keeping the living environment clean, safe and maintained and is in accordance with IERC and CCL protocols.
- Assist children in completion of their daily chores and routines.
- Be responsible for IERC owned and/or leased vehicles are maintained in good condition. Follow transportation and safety policies, including utilizing the vehicle log every time driven. Ensure maintenance needs are communicated to Facility Manager for resolution.
- Use the gasoline charge account appropriately and ensure receipts are turned in promptly.
- Know whom to contact and what to do in cases of emergency and crises.
- Participate in weekly Treatment Team (Staff Meeting). Attend additional trainings as directed by Facility Manager.
- At the direction of the Facility Manager, begin learning the duties of administration of medication that includes; complete Medication Records; Med Given Out, Pill Count, Centrally Stored, refill of prescriptions, documentation of all changes, additions and corrections, proper storage of medications, secure medication from unauthorized individuals. Learn IERC and CCL medication protocols, policies and procedures.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER III / DIRECT CARE STAFF

- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

CHILD CARE WORKER III – OVERNIGHT/NOC (9p-7a) additional job responsibilities:

- NOC direct care staff are required to remain awake and alert during the entire shift.
- Children must be visually supervised at all times through 15 minutes checks or more often as needed. Staff should be able to see either their head or feet to ensure children are in bed.
- Must document the children's status in the Night Log every 15 minutes, documenting any disturbances, awake, talking or walking in sleep, nightmares, instances of Enuresis, Encopresis, sleeping problems, etc. Any issues during overnight must also be documented in the ACS and written SIR. Significant issues must also be communicated to the Administrator directly.
- Provide a supportive demeanor if utilizing awake up schedule for clients with regard to enuresis or medications.
- Communicate with day/evening CCW and FM Staff. Chronicle shift activities in the Staff Communication Narrative.
- Secure the perimeter; ensure all doors and fire doors are locked and secure.
- Complete children's laundry as assigned.
- Fold and store children's clothing appropriately
- Launder, dry and fold towels.
- Set up breakfast; check menu and assist with any meal needs.
- Set out Bed Sheets, Vacuums, and mops and mop bucket with water.
- Set out hygiene boxes.
- Empty office and bathroom trash cans.
- Sweep and mop floors if needed.
- Wipe down counters and dust television and shelves.
- Empty dishwasher and ensure kitchen are clean and sanitary.
- Clean staff office and bathroom.
- Clean laundry room.
- Give support or assistance when needed or as directed by Facility Manager.
- NOC Staff must ensure facility remains calm and quiet to promote a peaceful and safe atmosphere for the children to sleep.
- Be aware of emergency and evacuation procedures.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER III / DIRECT CARE STAFF

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds.

Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment may be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER II / DIRECT CARE STAFF

Must be 21 years of age and has met Community Care Licensing requirements. Child Care Worker II shows potential to perform at a higher level of responsibility. All employees of IERC shall complete all personnel paperwork required, prior to employment. This is a nonexempt position.

- Complete assigned duties as directed by the Facility Manager in a timely and effective manner; seek clarification or assistance when needed.
- Provide support to therapeutic staff.
- Provide support and aid to Child Care Workers I and Support Staff in a team-oriented approach and manner.
- Provide services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Ensure client and personnel confidentiality within federal, state and county regulations.
- Build and maintain positive relationships with Facility Manager, co-workers and Support Staff.
- Promote a positive attitude and conduct self professionally in manner and dress.
- Promote the integrity and professionalism of the program.
- Ensure children are effectively supervised and their whereabouts are accounted for at all times. Demonstrate effective individual and group control.
- Be familiar with client's contact information, restrictions, visitations.
- Follow IERC's emergency intervention plan (EIP) in regard to counseling and proactive techniques to utilize prior to physical intervention and then only when child is danger to self or others. No staff may facilitate physical intervention before attending a 16-hour Pro-Act training with Executive Director and only after completion and approval by Administration.
- Be familiar with IERC policies and procedures, personnel, program statement (as approved by CCL) protocols, policies and mandates.
- Complete daily, weekly and monthly responsibilities in a timely manner and in accordance with IERC protocols.
- Provide for the daily care of the children individually and as a group. Teach children basic daily living skills, encourage self-control, chore responsibilities, school activities, proper behavior and child to adult relationships, program goals, personal goals, proper personal hygiene, wearing clean and appropriate clothing, laundering linens; promote proper sleeping and healthy eating habits. Be aware of their PDS goals and encourage and support them in meeting those goals.
- Support and assist the Aggression Replacement Treatment (ART) and other behavioral and therapeutic groups as directed by Facility Manager.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER II / DIRECT CARE STAFF

- Ensure mealtimes are properly supervised, encouraging proper table manners and behavior and conversation. Ensure meals are prepared in accordance with the menu, nutritional guidelines and IERC protocols.
- Support the educational process. Assist Homework Club if needed.
- Always treat the children with respect and dignity. Never belittle children or their relatives or representatives. Never call the children derogatory names and always use appropriate language, tone and self-control.
- Provide unconditional positive regard to and treat the children with dignity and respect.
- Ensure outing protocols are followed and authorization is obtained from Facility Manager when required.
- Be responsible for petty cash and receipts. Use petty cash for authorized purchases and outings as directed by the Facility Manager.
- Assist with the organization of Birthdays, Christmas, Holiday parties/activities/outings, Student Success Academy (SSA), and other events with co-workers, support staff and Facility Manager.
- Ensure all appropriate entries, logging, communication is completed in a timely, legible and concise manner. These include PDS, ACS, Contact Sheet, SIR's (internal and reportable), medication records, medical files, maintenance checklist, Night Log, Consequence Log, Staff Communication Log, sign in and out sheet, visitor log, transportation log. Ensure confidentiality and secure all records when not in use.
- Assist in keeping the living environment clean, safe and maintained and is in accordance with IERC and CCL protocols.
- Assist children in completion of their daily chores and routines.
- Be responsible for IERC owned and/or leased vehicles are maintained in good condition. Follow transportation and safety policies, including utilizing the vehicle log every time driven. Ensure maintenance needs are communicated to Facility Manager for resolution.
- Use the gasoline charge account appropriately and ensure receipts are turned in promptly.
- Know whom to contact and what to do in cases of emergency and crises.
- Participate in weekly Treatment Team (Staff Meeting). Attend additional trainings as directed by Facility Manager.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER II / DIRECT CARE STAFF

- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

CHILD CARE WORKER II – OVERNIGHT/NOC (9p-7a) additional job responsibilities:

- NOC direct care staff are required to remain awake and alert during the entire shift.
- Children must be visually supervised at all times through 15 minutes checks or more often as needed. Staff should be able to see either their head or feet to ensure children are in bed.
- Must document the children's status in the Night Log every 15 minutes, documenting any disturbances, awake, talking or walking in sleep, nightmares, instances of Enuresis, Encopresis, sleeping problems, etc. Any issues during overnight must also be documented in the ACS and written SIR. Significant issues must also be communicated to the Administrator directly.
- Provide a supportive demeanor if utilizing awake up schedule for clients with regard to enuresis or medications.
- Communicate with day/evening CCW and FM Staff. Chronicle shift activities in the Staff Communication Narrative.
- Secure the perimeter; ensure all doors and fire doors are locked and secure.
- Complete children's laundry as assigned.
- Fold and store children's clothing appropriately
- Launder, dry and fold towels.
- Set up breakfast; check menu and assist with any meal needs.
- Set out Bed Sheets, Vacuums, and mops and mop bucket with water.
- Set out hygiene boxes.
- Empty office and bathroom trash cans.
- Sweep and mop floors if needed.
- Wipe down counters and dust television and shelves.
- Empty dishwasher and ensure kitchen are clean and sanitary.
- Clean staff office and bathroom.
- Clean laundry room.
- Give support or assistance when needed or as directed by Facility Manager.
- NOC Staff must ensure facility remains calm and quiet to promote a peaceful and safe atmosphere for the children to sleep.
- Be aware of emergency and evacuation procedures.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER II / DIRECT CARE STAFF

- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds.

Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment may be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER I / DIRECT CARE STAFF

Must be 21 years of age and has met Community Care Licensing requirements. All employees of IERC shall complete all personnel paperwork required, prior to employment. This is a nonexempt position.

- Complete assigned duties as directed by the Facility Manager in a timely and effective manner; seek clarification or assistance when needed.
- Provide support to therapeutic staff.
- Provide support and aid to Co-workers and Support Staff in a team-oriented approach and manner.
- Provide services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Ensure client and personnel confidentiality within federal, state and county regulations.
- Build and maintain positive relationships with Facility Manager, co-workers and Support Staff.
- Promote a positive attitude and conduct self professionally in manner and dress.
- Promote the integrity and professionalism of the program.
- Ensure children are effectively supervised and their whereabouts are accounted for at all times. Demonstrate effective individual and group control.
- Be familiar with client's contact information, restrictions, visitations.
- Follow IERC's emergency intervention plan (EIP) in regard to counseling and proactive techniques to utilize prior to physical intervention and then only when child is danger to self or others. No staff may facilitate physical intervention before attending a 16-hour Pro-Act training with Executive Director and only after completion and approval by Administration.
- Be familiar with IERC policies and procedures, personnel, program statement (as approved by CCL) protocols, policies and mandates.
- Complete daily, weekly and monthly responsibilities in a timely manner and in accordance with IERC protocols.
- Provide for the daily care of the children individually and as a group. Teach children basic daily living skills, encourage self-control, chore responsibilities, school activities, proper behavior and child to adult relationships, program goals, personal goals, proper personal hygiene, wearing clean and appropriate clothing, laundering linens; promote proper sleeping and healthy eating habits. Be aware of their PDS goals and encourage and support them in meeting those goals.
- Support and assist the Aggression Replacement Treatment (ART) and other behavioral and therapeutic groups as directed by Facility Manager.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER I / DIRECT CARE STAFF

- Ensure mealtimes are properly supervised, encouraging proper table manners and behavior and conversation. Ensure meals are prepared in accordance with the menu, nutritional guidelines and IERC protocols.
- Support the educational process. Assist Homework Club if needed.
- Always treat the children with respect and dignity. Never belittle children or their relatives or representatives. Never call the children derogatory names and always use appropriate language, tone and self-control.
- Provide unconditional positive regard to and treat the children with dignity and respect.
- Ensure outing protocols are followed and authorization is obtained from Facility Manager when required.
- Be responsible for petty cash and receipts. Use petty cash for authorized purchases and outings as directed by the Facility Manager.
- Assist with the organization of Birthdays, Christmas, Holiday parties/activities/outings, Student Success Academy (SSA), and other events with co-workers, support staff and Facility Manager.
- Ensure all appropriate entries, logging, communication is completed in a timely, legible and concise manner. These include PDS, ACS, Contact Sheet, SIR's (internal and reportable), medication records, medical files, maintenance checklist, Night Log, Consequence Log, Staff Communication Log, sign in and out sheet, visitor log, transportation log. Ensure confidentiality and secure all records when not in use.
- Assist in keeping the living environment clean, safe and maintained and is in accordance with IERC and CCL protocols.
- Assist children in completion of their daily chores and routines.
- Be responsible for IERC owned and/or leased vehicles are maintained in good condition. Follow transportation and safety policies, including utilizing the vehicle log every time driven. Ensure maintenance needs are communicated to Facility Manager for resolution.
- Use the gasoline charge account appropriately and ensure receipts are turned in promptly.
- Know whom to contact and what to do in cases of emergency and crises.
- Participate in weekly Treatment Team (Staff Meeting). Attend additional trainings as directed by Facility Manager.
- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER I / DIRECT CARE STAFF

CHILD CARE WORKER I – OVERNIGHT/NOC (9p-7a) additional job responsibilities:

- NOC direct care staff are required to remain awake and alert during the entire shift.
- Children must be visually supervised at all times through 15 minutes checks or more often as needed. Staff should be able to see either their head or feet to ensure children are in bed.
- Must document the children's status in the Night Log every 15 minutes, documenting any disturbances, awake, talking or walking in sleep, nightmares, instances of Enuresis, Encopresis, sleeping problems, etc. Any issues during overnight must also be documented in the ACS and written SIR. Significant issues must also be communicated to the Administrator directly.
- Provide a supportive demeanor if utilizing awake up schedule for clients with regard to enuresis or medications.
- Communicate with day/evening CCW and FM Staff. Chronicle shift activities in the Staff Communication Narrative.
- Secure the perimeter; ensure all doors and fire doors are locked and secure.
- Complete children's laundry as assigned.
- Fold and store children's clothing appropriately
- Launder, dry and fold towels.
- Set up breakfast; check menu and assist with any meal needs.
- Set out Bed Sheets, Vacuums, and mops and mop bucket with water.
- Set out hygiene boxes.
- Empty office and bathroom trash cans.
- Sweep and mop floors if needed.
- Wipe down counters and dust television and shelves.
- Empty dishwasher and ensure kitchen are clean and sanitary.
- Clean staff office and bathroom.
- Clean laundry room.
- Give support or assistance when needed or as directed by Facility Manager.
- NOC Staff must ensure facility remains calm and quiet to promote a peaceful and safe atmosphere for the children to sleep.
- Be aware of emergency and evacuation procedures.
- Report to Administration immediately if driver's license becomes invalid or suspended. All employee that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER I / DIRECT CARE STAFF

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds.

Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment can be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER / DIRECT CARE STAFF

Must be 21 years of age and has met Community Care Licensing requirements. All employees of IERC shall complete all personnel paperwork required, prior to employment. This is a nonexempt position.

- Complete 8 hours of Initial Orientation and Training with Administrator or designee.
- Complete an additional 24 hours of milieu child care worker training with Facility Manager or designee.
- Complete an addition 16 hours of Facility Manager Shadow Training.
- Complete 16 hours of PRO-ACT Training after first 30 days of employment.
- Learn routines and assigned duties as directed by the Facility Manager in a timely and effective manner; seek clarification or assistance when needed.
- Learn to provide support to therapeutic staff.
- Learn to support Co-workers and Support Staff in a team-oriented approach and manner.
- Provide services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Learn and follow client and personnel confidentiality within federal, state and county regulations.
- Build and maintain positive professional relationships with clients, Administration, Facility Manager, Co-workers and Support Staff.
- Promote a positive attitude and conduct self professionally in manner and dress.
- Promote the integrity and professionalism of the program.
- Learn to effectively supervise children and know their whereabouts are accounted for at all times. Learn effective individual and group control.
- Become familiar with client's contact information, restrictions, visitations.
- Become familiar, observe and learn IERC's emergency intervention plan (EIP) in regard to counseling and proactive techniques to utilize prior to physical intervention and then only when child is danger to self or others. No staff may facilitate physical intervention before attending a 16-hour Pro-Act training with Executive Director and only after completion and approval by Administration.
- Become familiar with IERC policies and procedures, personnel, program statement (as approved by CCL) protocols, policies and mandates.
- Learn and complete daily, weekly and monthly responsibilities in a timely manner and in accordance with IERC protocols.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER / DIRECT CARE STAFF

- Learn to provide for the daily care of the children individually and as a group. Learn to teach children basic daily living skills, encourage self-control, chore responsibilities, school activities, proper behavior and child to adult relationships, program goals, personal goals, proper personal hygiene, wearing clean and appropriate clothing, laundering linens; promote proper sleeping and healthy eating habits. Become aware of their PDS goals and encourage and support them in meeting those goals.
- Learn and observe Aggression Replacement Treatment (ART) and other behavioral and therapeutic groups as directed by Facility Manager.
- Learn mealtime routines, encouraging proper table manners and behavior and conversation. Learn to make meals and ensure preparation is in accordance with the menu, nutritional guidelines and IERC protocols.
- Become familiar with the educational process. Learn to assist Homework Club if needed.
- Always treat the children with respect and dignity. Never belittle children or their relatives or representatives. Never call the children derogatory names and always use appropriate language, tone and self-control.
- Provide unconditional positive regard to and treat the children with dignity and respect.
- Learn outing and activity protocols and routines.
- Learn the petty cash process and requirements.
- Learn to assist with the organization of Birthdays, Christmas, Holiday parties/activities/outings, Student Success Academy (SSA), and other events with co-workers, support staff and Facility Manager.
- Learn and become familiar with written communication protocols and ensure all appropriate entries, logging, communication is completed in a timely, legible and concise manner. These include PDS, ACS, Contact Sheet, SIR's (internal and reportable), medication records, medical files, maintenance checklist, Night Log, Consequence Log, Staff Communication Log, sign in and out sheet, visitor log, transportation log. Ensure confidentiality and secure all records when not in use.
- Assist in keeping the living environment clean, safe and maintained and is in accordance with IERC and CCL protocols.
- Assist children in completion of their daily chores and routines.
- Learn IERC's transportation protocols and assist in the responsibility of IERC owned and/or leased vehicles and are maintained in good condition. Follow transportation and safety policies, including utilizing the vehicle log every time driven. Ensure maintenance needs are communicated to Facility Manager for resolution.
- Learn to use the gasoline charge account appropriately and ensure receipts are turned in promptly.
- Learn emergency procedures and crises communication.
- Participate in weekly Treatment Team (Staff Meeting). Attend additional trainings as directed by Facility Manager.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER / DIRECT CARE STAFF

- Report to Administration immediately if driver's license becomes invalid or suspended. All employees that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

CHILD CARE WORKER – OVERNIGHT/NOC (9p-7a) additional job responsibilities:

- NOC direct care staff are required to remain awake and alert during the entire shift.
- Children must be visually supervised at all times through 15 minutes checks or more often as needed. Staff should be able to see either their head or feet to ensure children are in bed.
- Must document the children's status in the Night Log every 15 minutes, documenting any disturbances, awake, talking or walking in sleep, nightmares, instances of Enuresis, Encopresis, sleeping problems, etc. Any issues during overnight must also be documented in the ACS and written SIR. Significant issues must also be communicated to the Administrator directly.
- Provide a supportive demeanor if utilizing awake up schedule for clients with regard to enuresis or medications.
- Communicate with day/evening CCW and FM Staff. Chronicle shift activities in the Staff Communication Narrative.
- Secure the perimeter; ensure all doors and fire doors are locked and secure.
- Complete children's laundry as assigned.
- Fold and store children's clothing appropriately
- Launder, dry and fold towels.
- Set up breakfast; check menu and assist with any meal needs.
- Set out Bed Sheets, Vacuums, and mops and mop bucket with water.
- Set out hygiene boxes.
- Empty office and bathroom trash cans.
- Sweep and mop floors if needed.
- Wipe down counters and dust television and shelves.
- Empty dishwasher and ensure kitchen are clean and sanitary.
- Clean staff office and bathroom.
- Clean laundry room.
- Give support or assistance when needed or as directed by Facility Manager.
- NOC Staff must ensure facility remains calm and quiet to promote a peaceful and safe atmosphere for the children to sleep.
- Be aware of emergency and evacuation procedures.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - CHILD CARE WORKER / DIRECT CARE STAFF

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds. Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment may be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – MAINTENANCE (Support Staff/Not Direct Care Staff)

Maintenance employee must be 21 years of age and meet the employment needs of IERC and the requirements of Community Care Licensing and that of other agencies that may govern the IERC program. All employees of IERC shall complete all personnel paperwork required, prior to employment. This is a nonexempt position.

- Ensure facility and grounds are maintained in conformance with all appropriate governmental agency standards.
- Ensure facility is safe and secure.
- Store maintenance supplies and tools in a secure location. Ensure tools and supplies are not left in areas the children have access.
- Purchase and account for supplies and tools.
- Complete yard maintenance.
- Complete maintenance request forms, sign and return to administration when complete.
- Communicate with Administrator on a regular basis. Notify administration if a repair or maintenance is needed that cannot be accommodated by skill set.
- Be supportive to direct care staff.
- Follow the directions of the Executive Director and Administrator.
- Provide services to clients without regard or on the basis of race, color, religion, sex, age, national origin, sexuality, LBGQTQ, CSEC or disability.
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Be aware of emergency and evacuation procedures.
- Report to Administration immediately if driver's license becomes invalid or suspended. All employees that drive IERC owned/leased vehicles must possess a valid driver's license.
- Report to Administration immediately an arrest or warrant occurs after hire, as this may affect background clearance.
- Report a work-related injury to Facility Manager immediately and complete an injury report.
- Consistently arrive to work on time and as scheduled.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – MAINTENANCE (Support Staff/Not Direct Care Staff)

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential function of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand, walk, sit, use hands, handle, or feel, reach with hands and arms, stoop, kneel, crouch, crawl and taste or smell. The employee is occasionally required to climb or balance. The employee must frequently lift and/or move up to 10 pounds. Specific vision abilities are required by this job include close vision, distance vision, color vision, peripheral vision and depth perception.

While performing the duties of this job, the employee can be exposed to outside weather conditions. The employee can be exposed to wet and/or humid conditions, extreme cold, and extreme heat. The noise level in the work environment can be more than moderate.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION – VOLUNTEERS (non-employees, unpaid)

A short-term residential therapeutic program may utilize volunteers who shall be at least 18 years of age.

- Volunteers shall not be primarily responsible for the direct supervision of children.
- Volunteers shall not be counted in the staff to child ratios specified in 87065.5.
- Volunteers shall meet the training requirements specified in 87065.1(f).
- Volunteers shall complete a criminal record review and a Child Abuse Center Index check in accordance with applicable law.

Volunteers shall meet the training requirements as specified in 87065.1(f)

Prior to working with youth, a volunteer shall:

- Be certified in cardiopulmonary resuscitation (CPR) and first aid which shall be demonstrated by current and valid pediatric CPR and first aid cards issued by the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority pursuant to Health and Safety Code Section 1797.191, or from an accredited college or university, and shall have received 16 hours of training on the following topics:
- Confidentiality of information and records relating to children in the STRTP
- Preserve the Children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- Attend an initial 8-hour orientation and overview of program.
- Attend an additional 16 hour orientation on topics relevant to the clientele.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - PEER PARTNERS

“Provider utilizes peer partners and volunteers... They need to address training requirements in interim Licensing standards...”

- A STRTP may utilize peer partners who shall be at least 18 years of age.
- Peer partners shall not be primarily responsible for the direct supervision of children.
- Peer partners shall not be counted in the staff to child ratios specified in 87065.5.
- Peer partners shall meet the training requirements specified in 87065.1(e).
- Peer partners shall complete a criminal record review and a child abuse center index check in accordance with state law.

Prior to working with youth, a peer partner shall

- Be certified in cardiopulmonary resuscitation (CPR) and first aid which shall be demonstrated by current and valid pediatric CPR and first aid cards issued by the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority pursuant to Health and Safety Code Section 1797.191, or from an accredited college or university, and shall have received 16 hours of training on the following topics:
 - Confidentiality of information and records relating to children in the STRTP
 - Teamwork and interpersonal communication among facility personnel and children, children’s family members and CFTM.
 - The children’s personal rights as specified in Welfare and Institutions Code Section 16001.9 and Section 87072, including the right to have fair and equal access to all available services, placement, care, treatment and benefits, and not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status;
 - Physical and psychosocial needs of children, including behavior management, de escalation techniques and trauma informed crisis management planning including the use of emergency
 - Child and adolescent development, including sexual orientation, gender identity and gender expression.
- Within 90 days of employment, a peer partner shall receive an additional 16 hours of training in the following topics:
 - An overview of the child welfare and probation systems;
 - Permanence, well-being and educational needs of the children
 - Overview of the population served by the STRTP
 - Physical and psychosocial needs of children, including behavior management, de-escalation techniques and trauma informed crisis management planning, including the use of emergency interventions.
 - The effects of trauma, including grief and loss and child abuse and neglect on child development and behavior methods to behaviorally support children impacted by that trauma or child abuse and neglect.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

JOB DESCRIPTION - PEER PARTNERS

- Awareness and identification of commercial sexual exploitation and best practices for providing care and supervision to commercially sexually exploited children.

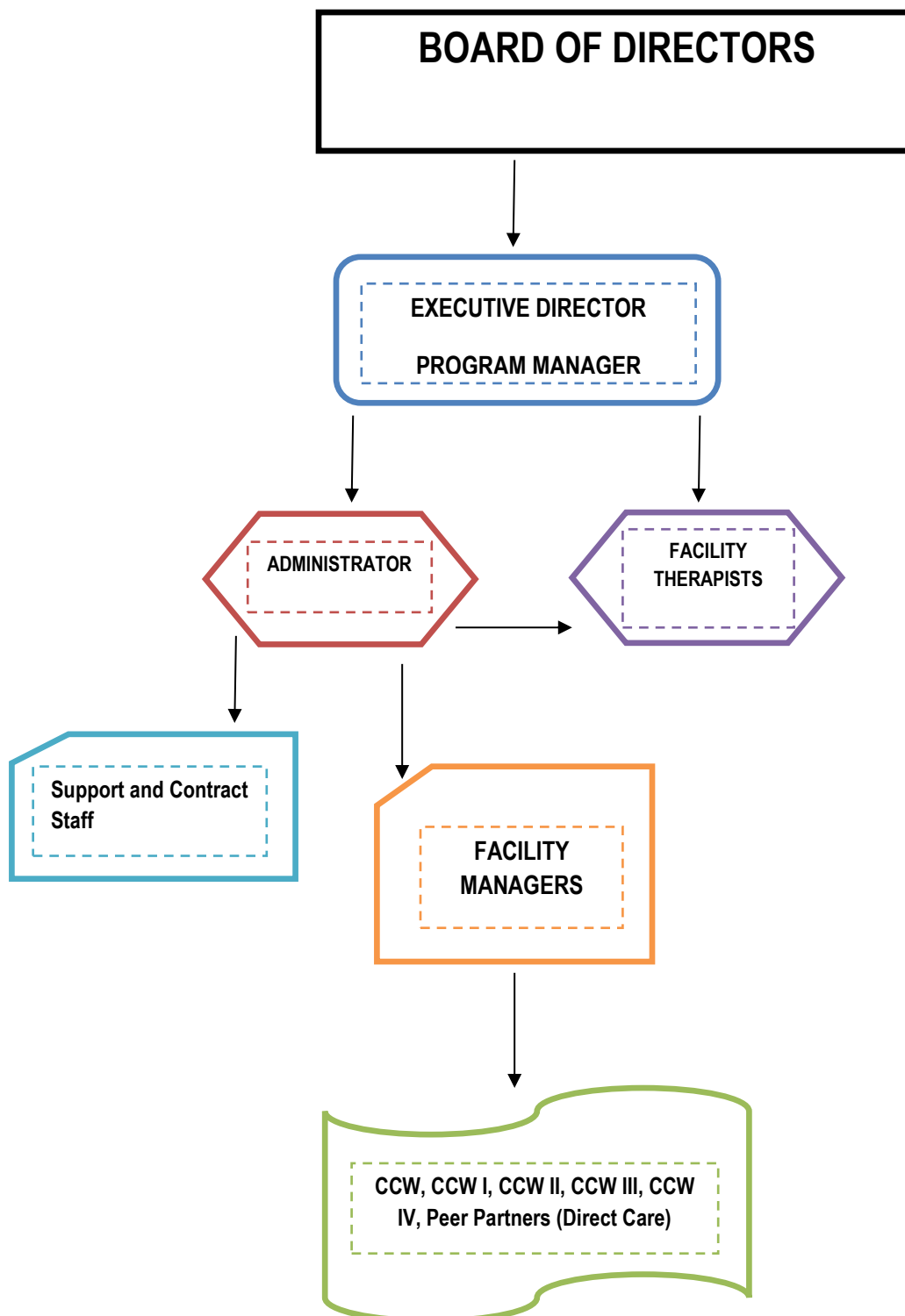
Peer Partners will also complete the following:

- Signed information Application
- Signed Peer Partner Duty Description
- Criminal Record Statement
- Complete Live Scan and receive a DOJ, FBI, CAIC clearance
- TB Test with negative results
- Personal Information Form
- Child Abuse Reporting Statement
- Copy of valid identification
- Initial orientation and training covering overall program protocols and procedures that includes but is not limited to duties, scope of responsibility, supervision, confidentiality and dismissal policy
- Yearly assessment of performance.

PLAN OF OPERATION

PART B: ADMINISTRATIVE ORGANIZATION

IERC Organizational Chart



PLAN OF OPERATION

PART C: FACILITY SKETCHES

Inland Empire Residential Centers, Inc. has one location and is located at 710 Church St., Redlands, CA 92374. The square footage of the facility located at the noted address is 5,112 square feet. IERC has 8 bedrooms and 4 bathrooms; 2 children per bedroom and 4 children to share 1 bathroom. IERC has a maximum licensed capacity of 16 children. IERC does not accept non-ambulatory children/non-minor dependents.

See Appendix A; Facility Sketch

PLAN OF OPERATION

PART D STAFF PLAN

Training Plan will include course title, subject matter, learning objectives, number of hours for each training and qualifications of trainer. All Training will be logged and tracked to ensure compliance.

Inland Empire Residential Centers (IERC) is a nonprofit organization providing 24-hour residential psychiatric treatment for children ages 6 through 17 years suffering from emotional disturbances and various mental health issues. IERC is licensed by the State of California, Community Care Licensing, IERC License number 360908389.

IERC reserves the right to modify any of its personal and program policies and procedures, at any time. Notification of changes will be given to the employees of IERC, verbally, email, written and/or other appropriate means. Staff and CDSS will be notified in a timely manner.

IERC's personnel policies and procedures have been established by staff input, Administration and the Board of Directors and the rules and regulations regarding STRTP programs by the State of California, Department of Social Services. These practices and policies cover all staff employed, peer partners and when applicable unpaid volunteers by IERC and shall be subject to periodic reviews to keep pace with program and labor law revisions. Revisions will become effective upon ratification by the Executive Director and IERC Board of Directors. Revisions are as binding as the original and will govern all personnel of this organization as applicable.

IERC'S primary goal when recruiting new employees, peer partners and volunteers is to fill vacancies with persons who have the best available skills, abilities or experience needed to perform the responsibilities in accordance with state law and regulations by the State of California, Department of Social Services. Decisions regarding the recruitment, selection and placement of employees, peer partners and volunteers are made on the basis of job-related, client and program criteria and within the regulations of Department of Social Services and Community Care Licensing. All IERC staff are offered employee benefits, breaks, weekly training, treatment team meetings and bi-monthly individual training to provide optimum communication. IERC will provide the maximum training possible as well as continuous professional support for all staff to assist with retention and resilience ensuring the best possible continuity of care to the clients served.

Selection of employees will be based on education, experience, skills and professional practices. Potential employees must complete an employment application that includes a Criminal Record Statement. Appropriate interviews, reference checks, previous employment verification and education verification will be conducted by Administration. The Executive Director and Administrator have final responsibility for hiring all employees. Employment decisions will be made with equity and within applicable labor laws. In addition to all other regulations with regard to direct care staff, Facility Manager personnel shall have a minimum of one-year full time experience working with clients in applicable out of home setting as determined by the STRTP regulations.

PLAN OF OPERATION

PART D STAFF PLAN

Facility Social Worker/Therapists in addition to all personnel requirements must have the appropriate education and verification prior to assuming job responsibilities.

When positions become available, qualified potential employees are encouraged and are welcomed to apply for a position. Administration and staff are trained, dedicated and provide unconditional positive regard to each and every child placed at IERC. Staff builds relationships with children by providing them a safe, secure and supportive atmosphere creating trust. IERC's care for the children transcends the minimum state and county requirements.

Employees must demonstrate a positive and supportive demeanor and treat the children with respect and dignity at all times.

- Employees will not withhold service to a client on the basis of race, color, religion, sex, age, national origin, sexuality, LBGQT or disability. IERC is an equal opportunity employer and employment decisions are based on merit and business needs, not on culture, race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, socioeconomic status, language, genetic characteristics, religious creed, physical or mental disability, marital status, veteran status or any other factor protected by law.
- Employees will enforce all children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.

Employees will demonstrate a high level of morality and respect and will conduct themselves professionally at all times.

Children are placed at IERC for a variety of reasons. Staff must be attuned and understand the situations that have caused the placement as well as have empathy for the child and their families. Many of the issues the children have to address are through no fault of their own and are usually due to some form of previous abuse and/or neglect.

All initial and on-going trainings and continuing education will come from a strength based and trauma informed perspective to ensure that all of the policies, procedures, protocols, licensing standards, therapeutic modalities meet the requirements and needs of any child placed with IERC.

8 hours of initial training by a experienced and qualified and/or certified Administrator or designee; in addition to the Administrator, designees may include the qualified and experienced Executive Director/Head of Service and or Facility Managers.

All direct care staff will be required to complete the following and documentation of this training will be maintained that will include the dates, times, attendees and trainer information, including signatures verifying attendance. The combination of the 8-hour, 24 hour and 16-hour training will consist of the following stated below. Direct care staff will not be authorized to be in ratio until all of the above training is complete and documented and only after a recommendation from the Facility Manager to the Administrator.

PLAN OF OPERATION

PART D STAFF PLAN

- 8 hours of initial training by a experienced and qualified and/or certified Administrator or designee; in addition to the Administrator, designees may include the qualified and experienced Executive Director/Head of Service and or Facility Managers. This training is designed to give an overview/orientation of the entire program as indicated below and will be conducted in an office setting. The training scheduled will consist of along with the hours of time spent the following:
 - IERC Policies and Procedures – 3 hours
 - Child Rights - .50 hours
 - Mandated Report Requirements - .50 hours
 - Accountability – HIPPA, Privacy requirements – 1 hours
 - Code of Ethics – 1 hour
 - Personnel Requirements – 1 hour
 - Personnel Policy and Procedures – 1 hour
 - 24 hours of milieu training with a experienced and qualified Facility Manager or Designee. In addition to Facility Managers a designee may include a seasoned, experienced and qualified senior direct care staff, Administrator and/or Executive Director/Head of Service.
- This training will consist of hands on training by the new direct care staff that will include the following as well as the extensive list noted below.
 - Documentation – 2 hours
 - Routines – 2 hours
 - Transitions – 2 hours
 - Interaction and Supervision of Children – 10 hours
 - Observation of Child behaviors including Trauma Informed focus – 5 hours
 - Daily routines- 3 hour
 - Planned activities for all children including specific activities that support CSEC, SOGIE, LGBTQ and any other protected classes of youth that is required to meet their needs.
- 16 hours of training and evaluation in the milieu with an experienced and qualified Facility Manager and will consist of the direct care staff to shadow the manager and the staff will be evaluated during this time to establish what he/she may or may not know and/or if there is need for additional training before recommending this individual to be in ratio. Facility Manager will make a recommendation to the Administrator for approval.
- Weekly 3-hour treatment team meeting of which 2 hours will be ongoing training to be conducted by a qualified and experienced trainer both internally; i.e. therapist, executive director, administrator, facility manager and/or an individual from outside the program. The trainings will consist of an array of pertinent topics that relate and are relevant to the client's needs and services. Those qualifications, content of the training, pre/post tests and signatures of all attendees will be kept on file for review.

PLAN OF OPERATION

PART D STAFF PLAN

- 40 hours (minimum) within one year of hire and ongoing yearly training that will be conducted by a qualified/experienced trainer; topics covered will include an array of pertinent topics that relate and are relative to the client's needs and services. Examples of these topics are listed below and will be facilitated by a qualified and experienced trainer. All documentation of qualifications, training content, pre/posttest, signature attendance roster will be filed for review.
- Training that requires specific modalities that IERC cannot internally provide, IERC will engage with detailed resources to ensure those individuals providing training meet the requirements of specialized training such as LGBTQ, SOGIE, Indian Child Welfare Act, CSEC, etc. IERC will utilize internal and external qualified providers/instructors to facilitate trainings.
- 40 hours (minimum) within one year of hire and ongoing yearly training that will be conducted by a qualified/experienced trainer; topics covered will include an array of pertinent topics that relate and are relative to the client's needs and services. Examples of these topics are listed below and will be facilitated by a qualified and experienced trainer. All documentation of qualifications, training content, pre/posttest, signature attendance roster will be filed for review.
- Training that requires specific modalities that IERC cannot internally provide, IERC will engage with detailed resources to ensure those individuals providing training meet the requirements of specialized training such as LGBTQ, SOGIE, Indian Child Welfare Act, CSEC, etc. IERC will utilize internal and external qualified providers/instructors to facilitate trainings.
- Training needed that requires additional credentials, IERC will engage with specific resources to ensure those individuals meet the requirements of specialized training such as LGBTQ, SOGIE, Indian Child Welfare Act, CSEC, etc. IERC will engage in utilizing outside qualified providers/instructors to make available training in topics that will include, but are not limited to:
 - Child and Adolescent development, including sexual orientation, gender identity and gender expression.
 - Core practice model
 - Permanence, well-being and educational needs of the children
 - Basic instruction on existing laws and procedures regarding the safety of foster youth at school and support a harassment and violence free school environment
 - neglect/abuse issues; child abuse reporting
 - attachment issues
 - behavior problems/psychological disorders
 - behavioral interventions
 - cultural diversity
 - LGBTQ
 - SOGIE
 - CSEC
 - child development;
 - child empowerment

PLAN OF OPERATION

PART D STAFF PLAN

- importance of sibling and family relationships
- placement agencies and processes
- needs and service; treatment planning and review
- employee training manual, program and personnel topics, employee training or other topics that are appropriate for the client population and services provided by IERC.
- 3-5-7 Grief and Loss
- Nurtured Heart components
- Aggression Replacement Training
 - Skill Streaming
 - Anger Management
 - Moral Reasoning
- Medical Necessity needs of the children
 - Attention Deficit Hyperactivity Disorder
 - Post-Traumatic Stress Disorder
 - Depression
 - Anxiety
 - Autism Spectrum
- PRO – ACT training shall be provided by a qualified Pro Act instructor PRIOR to any direct care staff utilizing IERC's Emergency Intervention Plan relating to the protective Basket hold, Standing and Sitting escort.
- CPR/First Aid Training upon hire and ongoing; this training will be in addition to the above noted training. All direct care staff shall have valid CPR/First Aid certification at all times.

Newly hired direct care staff, after completing all mandated personnel and paperwork requirements will attend and participate in 8 hours of Initial Orientation Training to be facilitated by a Qualified, Certified and qualified Administrator. An additional 24 hours of milieu training will also be completed as well as an additional 16 hours of qualified facility manager shadow training which in addition to reviewing of the above training will evaluate the direct care staff and their overall knowledge and understanding of the program policies, procedures and requirements and will communicate to the Administrator and a determination will be made as to whether the direct care staff may work within the required ratio or if additional training is needed.

PLAN OF OPERATION

PART D STAFF PLAN

Direct care staff may not utilize IERC's Emergency Intervention Plan with regard to the protective basket hold, standing or sitting escort until, in addition to the above, they complete the 16-hour Pro-Act training to be provided by a qualified Pro Act trainer and administration approval. The initial 8-hour orientation training, 24-hour milieu Training and the 16-hour Facility Manager shadow training will meet STRTP requirements and will include the following:

- Overview of IERC Program
 - IERC's Policies and Procedures
 - Leadership
 - Program Communication Strategies
 - Cultural Competency and Diversity Plan
 - Ethical Codes of Conduct
 - Confidentiality
 - Emergency Intervention Plan (EIP)
 - Pro Act
 - Safety
 - Emergency Shut Offs
 - Fire, Earthquake, disaster drills
 - Children's Rights
 - Complaint Procedures
 - Medical – Medication
 - Routines
 - Documentation
 - Title 22 State Requirements
 - Children's Rights
 - Facility maintenance and cleanliness
 - Medical
 - Ratios
 - Safety
 - COMMUNITY CARE LICENSING
 - Overview of Licensing Requirements of all Group Home/STRTTP Programs
 - Children's Personal Rights
 - Cleanliness and Maintenance of Facility Requirements
 - Complaint Procedures

PLAN OF OPERATION

PART D STAFF PLAN

- STRTP (Interim) Requirements
 - Children's Rights
 - Facility maintenance and cleanliness
 - Medical
 - Ratios
 - Safety
- IERC's Chain of Command
 - Board of Directors
 - Executive Director
 - Administrators
 - Facility Managers
 - Lead Direct Care Staff
 - Therapists/Clinicians
- IERC's Progressive Development System
 - Program Goals
 - Individual children's program and therapy goals
 - Incentives/rewards
 - Documentation
 - Communication
 - Individual child progress
- SUPERVISION OF CHILDREN
 - Overall supervision requirements
 - Staff to child ratio
 - House rules and boundaries
 - One on one/individual supervision
 - Group supervision
 - Interactive Supervision
 - Outing supervision
 - On campus/area supervision

PLAN OF OPERATION

PART D STAFF PLAN

- **COMMUNICATION**
 - Overall review or verbal and written communication
 - Activity Contact
 - Contact List; who can talk/visit child?
 - Written communication of any contact to the child
 - Referring contacts to Administration
 - Accepting Collect Calls
 - When can a child call someone from their approved contact list?
 - When can a child call his county representative/parent/surrogate/CASA lawyer?
 - Confidentiality of phone contact
 - Supervised phone contact
 - Supervised visitor contact; on and off campus
 - Written form
 - Special Incident Report
 - Staff communication log
 - Progressive Development System (PDS)
 - Consequence Log
 - Sign in and out sheet
 - Visitor sign in and out sheet
 - Communication with Facility Manager
 - Communication with Facility Therapists
 - Communication with Administration
 - Communication with Co-workers
 - Communication with Visitors
 - Communication with parents and/or other significant others
- **CHAIN OF COMMAND**
 - Executive Director, Administrator, Facility Manager, Lead Staff
 - Administrator Role
 - Facility Manager Role
 - Facility Therapist Role
 - Lead Staff / Senior Staff Role
 - Support Staff role
 - Complaint / Concern Procedures

PLAN OF OPERATION

PART D STAFF PLAN

- EMERGENCY PROTOCOLS/SAFETY

- Contact Lists – Children
- Safety Manual Review
- Safety Drills
- First Aid Kit Locations
- Fire Extinguisher Locations
- Smoke alarm Locations
- Chemical/Cleaning Product Storage
- Areas off limits to children (medication room, pantry, laundry room, activity cabinet, staff bathroom) KEEP LOCKED AT ALL TIMES
- Evacuation Plan and Procedures
- Emergency Shut off (gas, water, etc.)
- Emergency Contacts; (i.e. Police, Fire, Medical)
- Administration Emergency Contacts
- Child Medical File
- Emergency Supplies
 - LIABILITY
 - Documentation
 - Safety
 - Communication
 - Follow Policies and Procedures
 - Vehicle Maintenance
 - Transportation Policies
 - Sign in and Out Sheet
 - Visitor Sign in and Out Sheet
 - Contact
 - If unsure, ask!

- EMERGENCY INTERVENTION PLAN (EIP)

- Contact Lists – Children
- Safety Manual Review
- Safety Drills
- First Aid Kit Locations
- Fire Extinguisher Locations
- Smoke alarm Locations
- Chemical/Cleaning Product Storage

PLAN OF OPERATION

PART D STAFF PLAN

- Areas off limits to children (medication room, pantry, laundry room, activity cabinet, staff bathroom) **KEEP LOCKED AT ALL TIMES**
- Evacuation Plan and Procedures
- Emergency Shut off (gas, water, etc.)
- Emergency Contacts; (i.e. Police, Fire, Medical)
- Administration Emergency Contacts
- Child Medical File
- Emergency Supplies
- Overview and principals
- Protective Standing Escort
- Protective Sitting Escort
- Protective Basket Hold
- Monitor Reports – EIP
- Close Proximity
- Safety Precautions (Child and Staff)
- Who can utilize the EIP? When? How Long?
- Communication and Reporting (SIR – EIP)
- PRO-ACT Training
- Administrator approval before any direct care staff may utilize EIP
 - **AWOL**
 - Out of Area
 - Off Grounds within Staff Supervision
 - Off Grounds without Staff Supervision
 - Police Contact; When? How?
 - Reporting / Communication with FM/Administration
 - Reintegrating child back into the program
 - Evaluation; visual, noting any marks bruises
 - Evaluation; verbally; asking child if he is ok, did anything happen to him; does he have any health or safety concerns
 - Upon the responses to the above; further evaluation may consist of Clinical Therapist, Medical Doctor, San Bernardino Crises Unit referral, Psychiatrist, Emergency Services, i.e. police, paramedic, etc.
 - Special Incident Report

PLAN OF OPERATION

PART D STAFF PLAN

- MEDICATION
 - Overview of Medication Protocol (logging, pill count, storage, destruction)
 - Role of the Facility Manager or Designee with regard to Medication
 - Storage of all Medications is locked and access is limited to only authorized staff
 - Administration of Medications; times
 - Side Effects, Precautions
 - Reporting, Communication, etc.
- MEDICAL APPOINTMENTS EMERGENCIES
 - Overview of Medical Procedures and the importance of verbal and written communication and Confidentiality
 - Scheduled Medical Appointments
 - Emergency Medical Appointments (i.e. Urgent Care, ER, 911)
 - Verbal Communication; FM notified immediately of ANY injury or illness
 - Written Communication; Special Incident Report - Medical
 - Medical File; authorization to treat, medical / insurance information, JV220, Medical/Education Passport
 - Medical/Health Record; written communication; IMPORTANT
 - Securing Medical File/Records on campus
 - Securing Medical File/Records off campus (secure/locked bag for transport)
 - What to take on a Medical appointment or Emergency Visit
 - ENURESIS/ENCOPRESIS
 - What is Enuresis?
 - What is Encopresis?
 - Waking schedules/charting
 - Change of Clothes
 - Change of Sheets
 - Showers after accident
 - Written and verbal communication/logging
- SEXUAL ACTING OUT (SAO)
 - Importance of Supervision
 - Appropriate Staff Responses
 - Immediate Verbal Notification and Communication to FM, Administrator
 - Written and Verbal Communication- SIR
 - Further evaluation and or referrals to clinical or crisis response may be necessary

PLAN OF OPERATION

PART D STAFF PLAN

- **TRANSITIONS**
 - What is a Transition?
 - Importance of Transitions
 - Setting expectations for children
 - Consistency and Structure
- **OUTING**
 - Expectation and Transitions during Outings
 - Signing in and out for every outing
 - Public presentation; staff must wear their corporation identification
 - Safety
 - Facility Manager must know where children and staff are at all times
 - Supervision on Outings
 - Expectations
 - Transitions within the outing
 - Seating in the vehicle
 - Child Allowances
- **SCHOOL/EDUCATION**
 - Importance of Supporting the Educational Process
 - School expectations
 - School attire
 - School Timeliness
 - School Transportation
 - School Site Support
 - Homework Club
 - Overall expectations of the child's educational process
 - Backpacks / Pockets / Contraband
- **HOUSE MAINTENANCE**
 - Staff Daily, Weekly Monthly Responsibilities
 - Child Daily/Weekly Chores/Responsibilities
 - Damage Reporting; Green Maintenance Sheets; home, vehicles, appliances, etc.
 - General Inspection (GI)
 - Extended cleaning in rooms; under bed, windows, window sills, baseboards, organization of cabinets and shelves.

PLAN OF OPERATION

PART D STAFF PLAN

- **MEALTIMES**
 - Meal Preparation; storage, dating packaging
 - Meal Menu; changes
 - Meal Count; breakfast / lunch
 - Meal Times and Transitions
 - Snack Times and Transitions
 - Mealtime Supervision; proper conduct, manners, conversation
 - Alternative meal options
 - Availability of Fruit
 - Seating arrangements
- **BEDTIMES**
 - Times of Bed Times
 - Proper bedtime attire
 - Bedtime Alcove Supervision
 - Bedtime Fears
 - Positive interactions during bedtimes; i.e. stories, music, prayer, night lights
 - Late Night Reward
- **SHOWER ROUTINE**
 - Supervision; before, during and after
 - Hygiene Boxes
 - Towels, Soap
 - Time
 - Reminders on Cleanliness and hygiene habits
 - Safety
- **STAFF INTERVENTIONS/RESPONSES**
 - Recognizing Diversionary Tactics (DT)
 - Effective responses to DT behavior
 - Staff Teamwork
 - Effective responses to avoid Power Struggles
 - Effective Commands
 - Planned Ignoring
 - Praise
 - Positive Reinforcement
 - Counseling
 - Nurturing and Support

PLAN OF OPERATION

PART D STAFF PLAN

- Unconditional Positive Regard
 - Ensure Child's Rights are being followed at all times
- Calming Box / Reminders to use anger reducers and coping skills / Asking child how staff can help and assist
- Offering Space/Time/Choices
- Consequence Guidelines; Time Out, Occupational Therapy, reduction of Privileges, Individual Care, etc.
- Consequence Log
- Importance of fair and consistent consequences
- Staff will utilize only Non-Punitive Interventions
 - Avoid power struggles
 - Utilize positive verbal reinforcement and communicate with the child, asking him questions; "What do you need?" "What can we do to help?" "Can I get you anything?"
- EXPENDITURES
 - Petty Cash; receipts
 - Gasoline Purchases/receipts
 - Reimbursement Requests; prior approval
 - Child Allowances
 - Overview of weekly allowance
 - Teaching how to spend and count change
 - What the children can and cannot purchase
- CHILD PERSONAL PROPERTY/INVENTORIES
 - Intake Inventory
 - All of a child's possessions, including clothing will be inventoried and noted on an inventory sheet.
 - Clothing Inventory
 - All child's clothing shall be inventoried at intake as well as ongoing during his placement.
 - Personal Property Inventory
 - All child's inventory will be inventoried upon intake and ongoing as additional items are received
 - Termination Inventories
 - Completed upon termination of placement

PLAN OF OPERATION

PART D STAFF PLAN

- **NOC/OVERNIGHT DIRECT CARE STAFF**
 - Overview of Overnight Program
 - Night Log; how often? What to log?
 - Laundry
 - Safety
 - Emergency Protocols
 - Enuresis/Encopresis
 - Wake up schedules
 - Nightmares/Fears
 - Communication with Administration
- **STAFF SUPPORT – TRAINING**
 - Initial Orientation Training with Administrator, 8 hours
 - Direct Care Staff Milieu Training, with Facility Manager or Designee, 24 hours
 - Facility Manager Shadow Training and evaluation, 16 hours
 - Weekly Staff / Treatment Team Meetings, ongoing training is included and will be provided by qualified individuals that possess educational and / or experience as required and pertinent to the training subject; 40 hours per year for each direct care staff will be provided
 - Monthly Individual Training (IT)
 - Yearly Evaluations
 - Chain of Command – Executive Director, Administrator, Facility Managers, Lead Staff
 - Communication through the Chain of Command
 - Complaint/Concern Procedures
 - Effective Stress Management / Self-Awareness
 - PRO-ACT Training
 - Teamwork

PLAN OF OPERATION

PART D STAFF PLAN

- **EMPLOYEE POLICIES /PROCEDURES**

- Time Sheets/Time Cards; Pay Periods are 1st-15th; 16th -LDM
- Pay dates are twice monthly
- Paid Time Off; 24 hours per year
- Vacation Time available after 1 year of consistent full-time work = 40 hours
- Importance of time sheet/time card accuracy; verification and signature; request to utilize any PTO available
- Punctuality
- Responsibilities
 - Daily, weekly, monthly
- Teamwork
- Calling off scheduled hours; Administrator and FM; within 4 hours of scheduled shift or more if able
- Request for Paid Time Off or Vacation Time Off
 - Request for Time off without pay or compensation
- Schedule Change and shift exchange Requests
- Appropriate interaction with co-workers, supervisors and all visitors, etc.
- Work Related Injuries are to be immediately communicated to the Facility Manager
- Work Related Injury Report for ANY injury incurred at the workplace
- Safety
- Complaint / Concern Procedure
- Ensuring doors are locked and campus is secure
- Personal and Child Confidentiality
- Appropriate Boundaries between Personal and Professional

Direct care staff will participate and receive 40 hours of training annually (Annual training is in addition to first aid/CPR) 20 of which will be provided by outside trainers. Direct care staff will also receive 16 hours of Pro-Act training after 30 days of employment. Employees will not physical intervene with any client of IERC until all training is completed, including Pro-ACT and approved by the Administrator and/or Executive Director. IERC is committed to ensure strategies are in place, such as an open-door policy to administration, weekly treatment team meetings and bi-weekly individual trainings, to enhance the well-being, retention and resilience of staff. Administrator and Executive Director are available to all staff and children at any time.

STAFF TRAINING / Treatment Team Meeting is facilitated weekly, usually every Wednesday 11a-2p. All direct care staff, volunteers and peer partners are required to attend this training. Part time, on call staff, volunteers and peer partners shall be required to attend monthly; however, all staff must verify by initial of having read Staff/Treatment Team meeting minutes. Staff unable to attend training must contact the

Administrator directly. There may be an option for staff to make up a training should he/she be unable to attend. It is highly encouraged and mandated that all direct care staff attend weekly training. Training shall meet regulatory minimums that include training topic, attendees, number of training hours and who is providing the training shall be documented. All attendees shall sign a training roster and all the pertinent handouts will be included with the sign sheet. Each employee's training hours shall be logged on a separate sheet to ensure IERC is meeting STRTP training requirement. 16 hours of additional training for newly hired direct care staff will be provided within one year of employment.

INDIVIDUAL TRAINING (IT) will also be provided for every direct care staff twice monthly. These trainings are mandatory and are counted toward the above noted required training and ongoing training hours.

Facility Managers will have a minimum of 4 hours initial training as well as ongoing weekly training during Facility Manager Meeting/Training and yearly Sexual Harassment Training and any additional mandatory trainings as required by regulatory entities.

Community Care Licensing Facility Manager requirements as indicated in Section 87065. The facility manager shall meet one of the following requirements prior to employment:

(A) Have a Bachelor of Arts or Sciences degree.

(B) Two years of full-time experience, or its equivalent, working with the population to be served, or equivalent education or experience, as determined by CDSS.

(1) Experience shall be verified as having been performed as a paid or volunteer staff person whose duties required direct supervision and care of the population served.

(C) Two years' experience as a member of the social work staff in a group home or short-term residential therapeutic program performing those duties specified in Section 87065.2(c).

(2) Prior to assuming the duties and responsibilities of the facility manager, the individual shall complete a minimum of one hour of training as specified in Section 87065.1(a), in addition to training required in Sections 87065.1(c) and (d).

(3) Any person willfully making any false representation as being a facility manager is guilty of a misdemeanor.

(4) A facility manager shall be at least 21 years of age.

(A) This subparagraph shall not apply to a facility manager employed before October 1, 2014 by a short-term residential therapeutic program that was operating as a group home license prior to January 1, 2017.

(5) A group home facility manager who was hired prior to January 1, 2017 by a facility transitioning to a short-term residential therapeutic program shall not be required to meet the requirements of this section in order to remain employed in a short-term residential therapeutic program.

(6) Documentation of the required education and experience requirements shall be maintained in the personnel file.

PLAN OF OPERATION

PART D STAFF PLAN

IERC maintains a Training Plan in accordance with STRTP Standards. The Training Plan may include but are not limited to the following topics; this is part of the 40 hours of ongoing yearly training for all staff.

- Child and Adolescent development, including sexual orientation, gender identity and gender expression.
- Core practice model
- Permanence, well-being and educational needs of the children
- Basic instruction on existing laws and procedures regarding the safety of foster youth at school and support a harassment and violence free school environment pursuant to Article 3.6 (commencing with Section 3228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code
- neglect/abuse issues;
- attachment issues;
- behavior problems/psychological disorders;
- behavioral interventions;
- cultural diversity;
- LGBTQ;
- child development;
- child empowerment;
- importance of sibling and family relationships;
- placement agencies and processes;
- needs and service; treatment planning and review;
- employee training manual, program and personnel topics, employee training or other topics that are appropriate for the client population and services provided by IERC.

All staff training will include Course title and subject matter, learning objectives, qualification of trainer, number of hours per training session, and training evaluation (pre/posttest). Qualified individuals who meet education and experience requirements shall provide all training. All staff/peer partner/volunteer participation will sign in and out on the training form verifying attendance. The presenter will also sign the form acknowledging the presentation.

IERC's organizational strategy to enhance the well-being and retention and resilience of staff; includes but is not limited to: IERC will strive to provide all employees yearly performance evaluation. Child Care Worker (Direct Care) staff, including support staff and peer partner staff, will be evaluated by Facility Manager(s); Social Worker/Therapist staff will be evaluated by Administrator and Executive Director; Facility Managers, Secretary and Maintenance will be evaluated by Administrator; Administrator will be evaluated by Executive Director and Executive Director will be evaluated by the Board of Directors. IERC will according to state standards will update training as needed. See attached blank evaluation forms for Direct Care Staff.

Evaluations will include employees overall job performance in specific areas. Feedback will be given to employees regarding performances, highlighting strengths and needs for improvement.

PLAN OF OPERATION

PART D STAFF PLAN

Evaluations will be reviewed with employees and a copy will be given to the employee, the original will be placed in the employees personnel file.

Direct Care Staff enter employment as a Child Care Worker. At evaluation after 1 year of employment and every year after that they may be eligible to be promoted to Child Care Worker I, II, III, up to IV that may include compensation and responsibility increase. Compensation increases are not guaranteed.

SALARY AND HOURLY RATES are established for all positions meeting labor law regulations and shall be subject to Administration and Board of Director's review, approval, revision, adjustment and shall not be considered as automatically earned. Compensation increases are not automatically awarded and are dependent upon the employee's evaluated performance and IERCs ability to fund increased compensation.

PLAN OF OPERATION

PART E POLICIES REGARDING CHILD ABUSE/NEGLECT REPORTING

All IERC employees, peer partners, independent contractors, volunteers and interns are mandated reporters of Child Abuse and may not violate the terms of the “The Child Abuse and Neglect Report.” A staff that has knowledge and information of alleged child abuse that is reportable to Child Protective Services (CPS) must follow the subsequent protocol.

At the same time that the Child Abuse Report (CAR) report is being made, the Administrator or Designee must be notified immediately who will then notify the Executive Director. If the Administrator does not respond to the contact within 4 hours or at staff’s shift end, then the Executive Director must be called directly.

No IERC staff, Supervisor or Administrator may impede or inhibit the reporting of duties of a mandated reporter. All staff members are trained during orientation training of the Child Abuse Reporting and mandated protocols.

Reasonable suspicion that a youth is being exploited must be reported immediately. Staff are required to report to a supervisor prior to reporting to law enforcement to ensure the procedure does not violate the law.

IERC employees are mandated by state law to report suspected child abuse. All employees, volunteers and peer partners are advised of the mandated reporter responsibilities and are trained during initial orientation training and intermittently through weekly training.

All direct care staff, volunteers and peer partners will be provided mandated reporter training during orientation and intermittently through weekly training.

PLAN OF OPERATION

PART F STATEMENT OF ADMISSION POLICIES AND PROCEDURES

IERC screens all placing agency referrals on a case-by-case basis as the first step in determining whether the program can meet the individual child/youth's needs. IERC does not discriminate on the basis of actual or perceived race, ethnic group identification, nation of origin, color, religion, gender, sexual orientation, gender identity, mental or physical disability or health status.

IERC's program is designed to primarily serve youth ages 6 – 17 and includes youth with developmental delays, on the autism spectrum who might benefit from STRTP placement due to their need for a structured environment.

IERC will consider the holistic nature of every child's needs while assessing for appropriateness of placement. Staff are trained to understand the needs of CSEC, SOGIE and Native American children/youth.

At initial screening, IERC evaluates the information provided by the placing agency, including but not limited to such characteristics as age, gender identity, history of trauma, sexual abuse or exploitation, behavioral and mental health needs etc. IERC considers the whole child when determining appropriateness of placement based on both the child's needs and strengths, whether that child will benefit from the STRTP program as well as the general commonality of need present in the milieu at that time.

When considering any child for placement, IERC considers commonality of needs. These needs may include, but are not limited to:

- Ages 6 to 12
- Ages 13 to 17 who fit within the population of children of the age 6 to 12 due to developmental delays, autism spectrum issues and/or other mental health factors.
- Client has behavioral, clinical, mental health needs that exceed the ability of a foster family home to address safely;
- Client can safely transition into IERC's program without jeopardizing current client's safety.
- Evaluate the client's ability to fit into current client census related to the concentration in the milieu of any given behavior/mental health and/or supervision issue. For example: a small percentage of sexually acting/one-on-one clients can be served at any given time due to supervision and ratio.
- Clients need for highly structured and supervised environment providing awake staffing 24/7;
- Clients need for individual, group and family therapy geared towards pre-adolescent behavioral, clinical and mental health needs;
- Clients need for intensive behavioral support to maintain safety;
- Clients need for latency age level structure, milieu orientation and supervision;
- Clients need for anger control curriculum (Anger Replacement Training, ART);
- Client's need for one-on-one supervision etc.

PLAN OF OPERATION

PART F STATEMENT OF ADMISSION POLICIES AND PROCEDURES

Following the initial screening, if placement appears appropriate, a pre-placement interview may be scheduled in person with that child. At this time, placement staff will interview the child using IERC's pre-placement assessment and will ask questions in a manner that avoids assumptions about CSEC or SOGIE issues. IERC will consult with the child, in an age and developmentally appropriate manner, regarding sexual orientation and gender identity and what information the child wishes to disclose and to whom. IERC will not disclose this information against the child's wishes unless compelled to do so by law or court order. Any information received is considered confidential and will be documented in the child's therapy file.

IERC will engage in active efforts to provide services and supports that address the needs of children/youth whose history of trauma may include sexual abuse or exploitation. Utilizing the CFT meeting process, IERC will develop a service plan to provide or to access appropriate services for the child/youth and the child's family. In the event of a determination that the child/youth needs a level of service specific to his history of sexual exploitation, IERC will reach out to collaborate with community resources qualified to meet those needs and will evaluate the appropriateness of placement in the IERC program. IERC will stay informed about emerging best practices.

IERC will engage in active efforts to provide services and supports to develop and maintain a Native American child's ties to the child's tribe and tribal community by partnering and collaborating with tribal welfare workers at time of placement to develop a service plan and to access appropriate resources for the child and the child's family. Specifically, IERC will reach out to the local San Bernardino Tribal Councils when in need of expert guidance who include but are not limited to: San Manuel Band of Mission Indians, Soboba Band of Mission Indians and Morongo Band of Mission Indians, to ensure accordance with the Indian Child Welfare Act (ICWA) when providing services to Indian Children.

After the pre-placement interview is concluded a determination regarding placement will be made and the placing agency will be notified of the decision.

The child should show a desire to attend and participate in the program. Children will not be accepted against his will if at all possible. The child must be ambulatory and be physically able to take care of himself with instruction, assistance and supervision. A child who is actively suicidal may be admitted into placement; however, a thorough evaluation of the child's situation must be completed, and if the child cannot be safely treated at IERC, a more appropriate level of treatment will be recommended. A child with concurrent medical problems may be maintained at IERC facility unless his physical condition requires direct and continuous medical and nursing supervision.

PLAN OF OPERATION

PART F STATEMENT OF ADMISSION POLICIES AND PROCEDURES

IERC is a non-sectarian, nondiscriminatory program and is open to all races and creeds. IERC will not withhold service to a client on the basis of race, color, religion, sex, age, national origin, sexuality, LBGTQ or disability.

IERC is an equal opportunity employer and employment decisions are based on merit and business needs, not on culture, race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, socioeconomic status, language, genetic characteristics, religious creed, physical or mental disability, marital status, veteran status or any other factor protected by law. IERC will enforce all children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.

Before admission, a pre-placement interview/assessment with the prospective child, significant others and the child's representative are essential.

The pre-placement interview is conducted to review the child's needs, be explained the IERC program, and determine the extent of family involvement (if applicable) and support needed. The child and representatives are encouraged to ask questions and seek clarification. IERC strives to ensure that the child and his family and or significant others, understand the program and consent to being in the program. If screening/assessment identifies an urgent and critical need that IERC cannot fulfill, appropriate action is taken immediately and then documented on the assessment packet. If it is determined that IERC's program may meet the child's needs and the Licensed Clinician or designee believe that IERC can provide this service, the case is reviewed and the decision is made. If the child is accepted, he is placed with IERC as soon as possible or put on a waiting list for admission. The child and his representative will be notified from IERC with acceptance or rejection of referral within 24 hours whenever possible.

IERC is available to accept a child on an "emergency basis" for placement per (WIC Code Section 11462.01) prior to a determination by the interagency placement committee (IPC) under the following criteria:

- Within 72 hours of the child or youth's emergency placement, a licensed mental health professional must decide that the child/youth requires the level of services and supervision provided by IERC in order to meet the child's behavioral and therapeutic needs.
- Within 30 days of emergency placement the IPC shall decide with recommendations from the child and family team, as to whether or not placement at IERC is appropriate.
- If it determines that IERC is not appropriate to meet the child's needs, the IPC shall, with input from the child and family team (CFT), make a recommendation as to the child's appropriate level care and placement to meet their service needs.
- The necessary IPC representative(s) shall participate in any CFTM to refer the child or youth to an appropriate placement as specified.
- The child may remain in the placement for the amount of time necessary to identify and transition the child to an alternative, suitable placement.

PLAN OF OPERATION

PART F STATEMENT OF ADMISSION POLICIES AND PROCEDURES

Prior to placement, several documents are necessary for a safe transition into placement so there are no significant interruptions in the child's care including but not limited to: medical treatment; education; mental health services/psychiatric treatment. These documents include but may not be limited to the following:

- Current medi-cal or medical insurance information;
- Social security card and/or number;
- Certificate of live birth;
- Signed placement agreement;
- Current and approved medication declaration (JV220) if on psychotropic medication and a court dependent;
- Authorization of consent to treat medically;
- Educational rights form;
- Immunization record;
- 30-day supply of medication;
- Medical Health/Education Passport; commonly, the most recent physical examination including TB results are included is part of the placement paperwork required. Upon placement acceptance, IERC will make a physical, dental and vision appointment within 30 days.
- Visitor contact information and/or restrictions and monitoring;
- Current IEP;
- Any psychological and/or psychiatric reports;
- Most recent court report and quarterly report;
- Children's personal rights, complaint procedures, discipline policy, discharge policy and statement of dangerous behavior forms signed by county representative / social worker.

Upon placement of the child, a full CANS-SB assessment and evaluation is conducted by the clinical treatment team to determine diagnosis and to create an initial treatment plan, determining what treatment is currently indicated including the goals and frequency of that treatment. ***CANS re-assessments will be completed every 90 days after placement until child is discharged.*** As the youth is further evaluated, adjustments are made to the treatment plan, including services, frequency of services and providers of each service. Upon entry, discharge planning begins. This process establishes markers and criteria for discharge either into a lower level of care or to return home with their family. The goals are clearly identified with the overall goal of therapeutic stabilization/treatment and movement toward discharge into a lower level of care. The child's treatment team meets on a regular basis to stay current on the client's needs, provide responsiveness to the program elements and evaluate indications of progress/lack of progress or other pertinent indicators.

As the child progresses in the program, the goal is to integrate the structure and skills that are initially provided externally to ultimately become more internally stabilized. The child may then be able to function on a more independent basis needing less guidance and supervision.

PLAN OF OPERATION

PART F STATEMENT OF ADMISSION POLICIES AND PROCEDURES

As each child makes therapeutic growth, dependence on the program parameters and structure should decrease so that there becomes more individuation and less dependence on the program to meet his goals. It is very important for each client to be able to self-regulate their feelings, thoughts and behaviors and over time to become less dependent on others. Self-monitoring, self-regulation, self-orientation and self-esteem building are major components of IERC's focus and programming.

The child's stabilization and immediate seamless entry into IERC's multi-faceted integrated program is a high priority. If and when the family and/or natural supports and caretakers are available, they are integrated into the stabilization process, helping to determine the child's needs, which therapeutic treatment/services/frequency are indicated, and which enhancement activities are indicated and how often. School personnel are quickly incorporated in the educational planning, IEP requirements etc. The child's medical/dental and current medication needs are assessed and evaluated as well as the assessment for possible medication if needed.

The Clinical Treatment Team is assembled and services that include evaluation and assessment will then progress to service delivery through the CFTM. Family and surrogates are also quickly recruited to be team members, giving input and feedback as is appropriate. Upon placement, the Clinical Treatment Team shall begin therapeutic contact within the following time-lines:

- First clinical contact will be made by no later than a maximum of 5 business days;
- First face-to-face contact with client's Parent/Family Partner, once identified and confirmed by County Social Worker, will begin within no longer than 30 days maximum unless there are any Court orders/legal documentation stating limitations or restrictions on said contact.

The child will be assisted as he acclimates to the program with the support of facility managers, social worker, peers, staff, and administration. The child will be enrolled in school by IERC within one business day of his placement to ensure his school transition is as smooth as possible. This enrollment will allow Redlands Unified School District to place the child in a classroom per AB490 requirements.

Upon placement, the child will be given a thorough orientation of the facility and program and will have a complete property and clothing inventory to secure and protect that child's belongings. The child's family and/or authorized representative is encouraged to be present during the initial transition, if appropriate, to help the child acclimate to the new surroundings and begin to develop a positive, supportive and therapeutic relationship with the IERC's Clinical and Direct Care Staff Treatment Team.

A member of the Clinical/Direct Care Staff Treatment Team will be present at the time of admission to provide answers to any questions and develop an initial treatment plan for that child. The child is encouraged to bring personal belongings to make the transition more comfortable and to decorate their room to make it their own. The child is introduced to Direct Care Staff and peers and enters the program.

The child will be provided with all the information regarding the IERC program; including the Progressive Development System (PDS), Emergency Intervention Plan, Discipline Policy, his Personal Rights and any additional pertinent and/or required information.

PLAN OF OPERATION

PART F STATEMENT OF ADMISSION POLICIES AND PROCEDURES

IERC shall provide and ensure that children placed have access to mental health services consistent with the child's case plan and any other assessment, or documentation identifying a mental health need. Mental health services may be accessed through a Medi-Cal, managed care plan, county mental health plans or fee for service providers.

IERC will ensure special services be considered and facilitated, if applicable, including CSEC, Special Health Care needs, Regional center, non-ambulatory, etc. A CFTM will be called to assess the special service needs and determine if IERC is the program that will best suit the client's special needs.

PLAN OF OPERATION

PART G ADMISSION AGREEMENT

Policy and procedures of admission will be, whenever possible, solidified within in 7 days after admission if not before. A LIC 9158 will be completed for any client who is deaf, hearing impaired or otherwise disabled, if applicable.

See Appendix B; State of California Agency-Group Home / STRTP Agreement.

PLAN OF OPERATION

PART H TRANSITION AND TRANSFER POLICIES AND PROCEDURES

Whether on an emergency basis, planned or following completion of the program, IERC considers discharge to be a major decision.

Each child will be evaluated at intake to determine that IERC's removal and transfer protocols minimize trauma, will not re-traumatize the child, is not punishing and is age and developmentally appropriate in meeting the child's needs. Emergency discharge does not always require 7-day notice. It may include but is not limited to circumstances such as when necessary to safeguard the health and safety of the child, of staff or others in the facility or for emergency medical or psychiatric care.

An emergency discharge might also be requested due to ongoing endangerment of self or others, repeated running away, continuous disruptive behavior that interferes with the therapeutic nature of the program, persistent defiant or oppositional behavior, a pattern of aggressive or assaultive behavior that does not improve with therapeutic interventions, or a pattern of willful property destruction. In cases such as these, IERC may give a written 7-day notice and request that the County Social Worker/placing agency convene a CFTM if necessary.

In cases where circumstances necessitate emergency discharge, the process is as follows:

- 1) County Social Worker or child representative will be notified of emergency discharge and written 7-day notice will be initiated if necessary;
- 2) IERC will request that a CFTM will be scheduled, if time allows, to determine the next best course of action in the best interest of the child including date of transfer, appropriate facility referrals, type of program that would best meet child's needs, behavioral/clinical/mental health needs needing to be addressed at referral agency etc.
- 3) Child will be removed from IERC by County Social Worker or representative when an appropriate new placement is found and will be transitioned to new program/facility by County Social Worker or representative;
- 4) IERC will attend follow-up CFTM at new placement, if invited by the CFTM leader, to provide support and information to help ensure a safe and non-traumatizing transition;
- 5) Whenever possible, and as determined by the CFT, IERC will provide transition and follow-up care through IERC's ChRIS Mental Health Clinic clinicians, for as long as necessary to ensure the child is safely transitioned to the next program to minimize trauma and ensure all appropriate information/clinical support is provided to the child as the transition takes place to the next placement.

In cases where discharge or transfer are planned, the process is as follows:

- 1) Upon placement, the initial CFTM will begin determination of a Client specific discharge/transfer plan at placement and, when appropriate, and client is determined to be stable and ready to be transitioned from IERC, a specific discharge plan will be initiated through a final CFTM;
- 2) County Social Worker or client representative will confirm the transition to new placement (foster home, biological family home, Intensive Care Foster Home etc.) and will approve all transfers and, with assistance by IERC if requested, ensure child is transported to new placement.
- 3) IERC is licensed to serve clients age 6 through 17.

PLAN OF OPERATION**PART H TRANSITION AND TRANSFER POLICIES AND PROCEDURES**

IERC and the Child and Family Team process begins with the initial interactions between the child welfare worker, the youth and the family as a small informal team working together to identify the youth and family's strengths and underlying needs. As these strengths and needs are identified, the original team expands to include other members as necessary and appropriate. The process of putting together a child and family team for children and families involved with both child welfare and mental health must include at least the county child welfare/social worker, mental health worker, the child, and the family. It is also essential to engage the youth and family in a discussion about their support systems and obtain input on whom they want to be on their child and family team (CFT). If it is determined that a child will be placed in a STRTP, it will be up to the originating County's Social Worker to now include a member from the STRTP to be part of the decision making.

IERC as an STRTP, after coordinating with interagency placement committee (ICP), shall support the goals of the County Child and Family Team recommendations of each child in placement. Once in placement, the mental health program director or designee shall be an active member of the child and family team for each child thereafter while in the STRTP.

IERC has significant experience as members of Child and Family Teams (CFT) as well as hosting and participating in Child and Family Team Meetings (CFTM). IERC clinical staff participates regularly in CFTM's as part of the current multidimensional team (child welfare worker, youth and family, service providers, and any members as necessary and appropriate) both as an advocate for the child/family in care as well as a team member helping to create a plan that is in the best interest of that child/family.

- IERC advocates for, supports and encourages the child/family's voice and choice in order to create buy in from the family and ownership of their Needs and Service Plan.
- IERC encourages any family member/friend that is pertinent to the child to attend the CFTM's in order to create the broadest base of support for that child/family as possible as well as to receive input and feedback from those that know the child/family best. It is always IERC's goal to have at least 50% representation by family members/friends, support persons (school counselors, coaches, etc.) on the CFT. These members may not always be biological family members but be friends/co-workers/teachers/TBS coaches/CASA workers, Educational Rights Advocates, etc. that the child/family feel represent their best interests.
- IERC will support and encourage the team approach inherent in the CFT philosophy that no single individual, agency or service provider works independently but rather as a part of the team for decision making.
- IERC supports and participates in the CFT's mission to include the following interventions that will be conducted by the ICC Coordinator:
 - IERC's proposed ICC Coordinator will support and participate in the development/maintenance of a constructive collaboration between the child, his family, extended family/friends, providers, and any appropriate child-serving system to create a comprehensive CFT.

PLAN OF OPERATION

PART H TRANSITION AND TRANSFER POLICIES AND PROCEDURES

- IERC's proposed ICC Coordinator will support and participate in a care planning and monitoring process which ensures that the individual child/families plan is coordinated across all systems to allow that child to be served in his community if at all possible and in the least restrictive setting that can safely support the needs of that child/family.
- IERC's proposed ICC Coordinator will support, participate in and coordinate, as appropriate, the pieces of the care plan that are applicable to the child/family as they participate in IERC's program as it relates to the CFT care plan across multidimensional systems of care always keeping in mind the core values and intent of the Core Practice Model (CPM) in the following ways: IERC protects the children from any abuse/neglect while maintaining them safely in IERC's residential program during their placement.
- IERC provides needs driven, strength based and family focused services beginning at the time of admission through transition to new placement and may provide after care services if determined to be necessary through the CFTM.
- IERC provides individualized services to all children/families, tailored specifically to their strengths and needs while in placement and following discharge to ensure a successful transition into a lower level of care.
- IERC will not withhold service to a client on the basis of race, color, religion, sex, age, national origin, sexuality, LGBTQ or disability.
- IERC is an equal opportunity employer and employment decisions are based on merit and business needs, not on culture, race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, socioeconomic status, language, genetic characteristics, religious creed, physical or mental disability, marital status, veteran status or any other factor protected by law.
- IERC will enforce all children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- IERC supports and participates in a multi-agency collaborative approach that is ideally grounded in a strong community base during that child's placement.
- IERC supports and encourages the child/family voice and choice, always listening to their specific needs and responding in as supportive and therapeutic way possible through the CFT process.
- IERC incorporates a blend of formal and informal resources designed to assist the child/family with successful transition that helps to ensure long term success.
- IERC provides culturally competent services that are respectful and supportive of the child/families' specific cultural needs and IERC will enforce all children's Personal Rights, including the right to have fair and equal access to all available services, placement, care, treatment and benefits and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex orientation, gender identity, mental or physical disability or HIV status.

PLAN OF OPERATION

PART H TRANSITION AND TRANSFER POLICIES AND PROCEDURES

- IERC is dedicated to the free and equal access to information, facilities, and programs for our diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services. IERC recognizes that everyone has a sexual orientation, gender identity and expression (SOGIE). IERC strives to develop a culturally safe environment and encourages agency leadership, employees and any individual with access to the children in IERC's care to have conversations about the LGBTQ culture and all diverse populations that may be present in IERC's milieu. IERC's conversations are not intended to change anyone's beliefs but will be working toward enhancing the well-being, safety and permanency of all children, including LGBTQ and gender non-conforming children.
- IERC has a non-discrimination policy which includes sexual orientation, gender identity and gender expression which will be implemented through services, activities, HR, volunteers, contractors, staff, volunteers and peer partners.
- IERC will strive to provide an environment that visibly displays inclusivity and affirmation through observable signs throughout the agency.
- IERC staff will reflect values that affirm all children by using their preferred/chosen names, asserted gender pronouns and will respect their gender expressions.
- All IERC staff will provide affirmation of LGBTQ and gender non-conforming youth through clothing, grooming and hygiene products, self-expression, dating, visitation, transportation and peer inclusion as applicable and age appropriate.
- IERC will ensure that LGBTQ/SOGIE training will be provided to all employees and provide LGBTQ/SOGIE trained Mental Health providers and medical personnel who are specifically trained to refer transgender youth to services which address their medical needs whenever possible.
- IERC will provide LGBTQ children access to peer support groups, community activities, alliances etc. as is age-appropriate.
- IERC will ensure that CFTMs affirm and respect all children's SOGIE.
- IERC will strive to provide support services for families who do not affirm their LGBTQ and gender non-conforming children and who need support moving from rejection to acceptance as appropriate.
- IERC will review the well-being, permanency and safety of all children and families, including LGBTQ and gender non-conforming children and families.
- IERC will ensure that agency staff do not discriminate against LGBTQ and gender non-conforming children and families as well as have appropriate interventions in place for those who are struggling to affirm children and families.
- IERC will strive to develop collaborations with community agencies that affirm and support LGBTQ and gender non-conforming children.
- IERC is committed to general advocacy for LGBTQ and gender non-conforming children in the community, at school and wherever support is needed.

PLAN OF OPERATION

PART H TRANSITION AND TRANSFER POLICIES AND PROCEDURES

- IERC is committed to enhancing and sustaining the health and well-being of the lesbian, gay, bisexual, transgender, questioning (LGBTQ) children in our care by providing activities, programs and services that create community; provide essential resources; advocate for their civil and human rights; embrace, promote and support cultural diversity; and provide compassionate, quality service delivery always striving for continual quality improvement.
- IERC is committed to creating a community in which all diverse populations can learn, live, and thrive in an atmosphere of tolerance, civility, and respect for the rights and sensibilities of each individual, without regard to race, color, national origin, ancestry, religious creed, sex, gender identity or sexual orientation. If any client should ever feel that they have been harassed, discriminated, or retaliated against based on any of the above protected classes IERC will ensure that everything in our power will be done to respond in a manner to promote safety, good will and support from all staff and clients who reside in our milieu.
- IERC takes pride in and strives to promote full inclusion of lesbian, gay, bisexual, transgender and queer (LGBTQ) identified children as well as all of the children in our care. IERC also strives to eliminate heterosexism, homophobia, gender identity oppression, sexism, classism, racism, and other blatant and institutional forms of marginalization by providing our staff training, advocacy, collection, and dissemination of information and resources.
- IERC believes that lesbian, gay, bisexual and transgender individuals (LGBTQ) should be protected from discrimination or harassment under all federal, state and local laws throughout the United States as a protected class.
- IERC may provide, if determined necessary through the CFTM, ICC services and support for the child/family within their community after transitioning into the lower level of care.
- IERC will focus on providing the child/family with ICC support through the CFT process to ensure permanency and stability in their living situation after transition from IERC.
- IERC will ensure that any medically necessary mental health services included in the child/families' plan are appropriately assessed, coordinated, delivered, transitioned and/or reassessed as necessary complying with the full intent of the CFT through the CFT/CFTM process.
- IERC will actively participate in the CFT planning and monitoring process to assure that the plan addresses or is refined to meet the mental health needs of the child/family.
- IERC will participate and provide, with interagency placement committee and CFT involvement, as appropriate, the ICC services determined through the CFT/CFTM's during the 30 calendar days immediately prior to the day of discharge for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility as part of discharge planning.
- If IERC can no longer meet a child's needs, then the child's authorized representative will be contacted to approve of any transfer/discharge of the child from the care of IERC during a scheduled CFT prior to the child's discharge/transfer and will sign the CFT notes to verify that authorization.

PLAN OF OPERATION

PART H TRANSITION AND TRANSFER POLICIES AND PROCEDURES

- If it is determined during a child's placement at IERC that said child's *needs can no longer be met* through IERC's program, a CFT will be held to determine the best course of action to take to get the child's needs safely met and, if necessary, the child's authorized representative will at that time approve of and sign off on any transfer/discharge to a new setting during that CFT.
- IERC therapeutic staff will develop and maintain a written removal or transfer record information as specified in the ILS. IERC shall provide, at the time of discharge/transfer, the following information in every child's file, per ILS Section 87070 through d (e): If it is determined that the child is to be removed from or transferred from the facility, the following information shall be maintained in the child's record:
 - Date the child's authorized representative was notified of the necessity for the child's removal or transfer;
 - The name address and relationship to the child of the person to whom the child was transferred;
 - Reason for the child's removal or transfer.
 - When client's charts/records need to be electronically or physically transferred after discharge/transfer or at any time, IERC will utilize a HIPPA certified and encrypted e-mail service and/or will store any Protected Health Information (PHI) in a HIPPA certified storage facility.

Collaboration, strength-based, outcome-based criteria are established and implemented on an on-going basis. The treatment team will always have individualized Needs and Services plan to direct therapeutic activities, planning and implementation. The CFT will work together to create the best therapeutic plan possible for the child and his family.

Upon admission, IERC will inventory all client's personal property and it shall be logged on a personal property inventory form. Additional personal property accumulated during his placement will be subsequently noted on the inventory form. Upon discharge, clients will receive his personal property, including cash resources (allowance) that he has in balance. Client allowances are noted on individual "allowance cards." All of the client's inventories and allowance forms will be placed in his permanent case file at discharge.

IERC does not admit children privately placed by their parents or legal guardians.

PLAN OF OPERATION

PART J HANDLING MONEY, PERSONAL PROPERTY AND VAULABLES

Allowances are given to children on a weekly basis. Allowances are safeguarded by the Facility Managers. Each child has an allowance pouch with an allowance card noting deposits and withdrawals. These pouches are secured in a safe located in the locked Facility Manager Office.

Allowances are given within the guidelines of California State Department of Social Services Title 22 and County Contract guidelines. IERC does not manage client funds in excess of \$50.00.

Children's current minimum allowances:

- Ages 5-11 = \$4
- Ages 12-15 = \$5
- Ages 16-18 = \$7

Completed allowance cards are filed in child's permanent case file.

IERC ensures that a child's cash resources are not taken in the form of fines or punishment unless County Representative authorization is obtained.

If a client AWOL's from IERC, his personal belongings, including cash resources (allowance) will be secured in a designated area until he returns or is discharged. If discharged all of his personal belongings will be given to his designated representative.

PLAN OF OPERATION

PART K CONSULTANTS AND COMMUNITY RESOURCES TO BE UTILIZED

IERC regularly utilizes formal and informal supports provided by professionals and non-professionals in the provision of services and is a major facet of IERC's approach to providing comprehensive and coordinated mental health services that integrates case management services through the identification, coordination, linkage and utilization of community resources, both formal and informal. These case management services are directly and clearly tied to the child/families individualized plan and specific treatment goals.

- IERC collaborates with each child's authorized representative during their entire placement.
- IERC ensures that *the authorized representative/placing Social Worker of each child are notified consistently and in a timely fashion to mandatorily attend and sign off on every CFT at least every 3 months during child's placement.* IERC will also ensure that all appropriate people for the child (including but not limited to: extended family, friends, teachers, coaches, SOGIE and religious advocates) are included in the CFT. IERC will offer whenever necessary to meet at alternative locations and/or times/days that may be more convenient so as to give the child's advocates as much opportunity to attend as possible.
- IERC is always searching for new ways to connect with the community to collaborate and create partnerships that benefit its clients as well as its staff through community training, coaching and any other community-based supports that might become available. IERC currently invites the following to annual events that to create a spirit of community including but not limited to: tribal partners, county placing agencies, law enforcement, attorneys, school personnel, CASA, volunteers, mental health workers, family members and our local resources/community partners:
 - Annual IERC Christmas Party at the Burrage Mansion that includes but is not limited to the following: children, families and community partners that include the above, who are integral in celebrating, encouraging and creating relationships, connectedness and collaboration;
 - Annual IERC picnic includes but is not limited to the following: children, families and community partners that include the above, which celebrate the successes and positive impacts that IERC has had on its community and that the community has had on IERC.
- IERC seeks out culturally relevant and trauma-informed programs, practices and services and supports whenever possible.
- IERC will work in collaboration with the Indian Tribes of San Bernardino County tribal representative. The tribal representative will be part of the child's CFT (child and family team) and will be invited and encouraged to attend all CFTM and IEP meetings. IERC will also assist the client that is associated with a Tribe to attend events as determined by the CFT.

PLAN OF OPERATION

PART K CONSULTANTS AND COMMUNITY RESOURCES TO BE UTILIZED

These case management services are directly and clearly tied to the child/families individualized plan and specific treatment goals. IERC is always searching for new ways to connect with the community to collaborate and create partnerships that benefit its clients as well as its staff through community training, coaching and any other community-based supports that might become available. IERC seeks out culturally relevant and trauma-informed programs, practices and services and supports whenever possible. IERC will engage and coordinate and potentially contract collaboratively with many of its communities formal and informal partners that include but are not limited to:

- San Bernardino and Riverside County DBH, mental health providers
- San Bernardino, Riverside, Humboldt, Kern, and San Diego County CFS
- San Bernardino County Juvenile/Dependency Court and affiliated attorneys
- San Bernardino, Orange and San Diego Adoption Assistance Programs
- East Valley SELPA
- Redlands Unified School District/ San Bernardino Unified School District
- Local law enforcement/ Redlands Police Department/ Riverside Police Department
- Indian Tribes of San Bernardino County
- Rim of the World Comfort Pets – Animal Assisted Therapy providing supplemental therapeutic support to children/families in placement.
- CASA Program, providing mentoring and support while children go through the CFS system.
- Local churches provide spiritual support and annually provide holiday parties/meals/treats for Easter, Thanksgiving, and Christmas.
- Crafton Hills College ASB, provides a yearly Christmas party and gifts for IERC's boys for the past 25 years.

PLAN OF OPERATION

PART K CONSULTANTS AND COMMUNITY RESOURCES TO BE UTILIZED

- University of Southern California MSW program partner with IERC and provide MSW interns to work therapeutically with IERC's children/families under the supervision of IERC's Licensed Clinician's supervision for past 15 years.
- University of Redlands (U of R); Fraternities act in the capacity of Big Brothers/mentors providing recreation, activities/support for the boys in care.
- Homework Club: Upper division education students provide tutoring through a formal grant, Student Success Academy to the University of Redlands through the San Bernardino County Superintendent of Schools. Student Success Academy also facilitates workshops one Saturday a month as well as a 6-week summer school program for the clients of IERC.
- University of Redlands volunteers provide companionship/mentoring to boys while completing their community service hours.
- University of Redlands students complete Work Study internships and participate in more formalized undergraduate internships through their specific majors.
- Redlands Police Department provides mentoring and visits with the boys to develop positive relationships with the local law enforcement.
- TBS workers from all IERC's DBH Partners provide much needed ancillary support for those boys with extra needs.
- Local Boy Scout troops partner with IERC to provide outdoor experiences.
- Local Girl Scout troops wrap Christmas presents and stuff stockings for boys annually.
- Native American, Indian Tribes of San Bernardino County, Riverside County and beyond as applicable to the individual child. IERC will ensure that the native American child is engaged and will coordinate and work in collaboration with each county tribal representative as appropriate and applicable.
- Trauma informed resources will be included in the child's treatment plan when applicable. Including, but not limited to
 - Assisting clients develop a deeper awareness of the types of trauma and its triggers.
 - Assisting clients in understanding their specific trauma's effects on their behavior.
 - Aiding clients and their families in ways to prevent re-traumatization
 - Providing Strategies to prevent secondary trauma.
 - Providing resources to clients and staff that explore trauma-informed concepts that help create a trauma informed environment for all involved in clients' treatment.
- Redlands High School Students provide friendship/activities with the boys.
- Redlands Boys and Girls Club provide weekly activities for the boys.
- Junior All American Football Program provides coaching and support in a team setting.
- Redlands Baseball for Youth Program (RBY) provides coaching and support in a team setting.
- Redlands YMCA-Basketball/Sports Camps/Camping
- The Rochford Foundation's Burrage Mansion provides its beautiful location for boy's activities and IERC's annual Halloween carnival and Christmas party.

PLAN OF OPERATION

PART K CONSULTANTS AND COMMUNITY RESOURCES TO BE UTILIZED

- Local families provide opportunities for the boys to befriend their children and invite them into their homes for healthy community interactions with friends from school under the Prudent Parent Standard.
- IERC encourages children/families/relatives to identify members of their communities (extended family/members of their spiritual community/friends and neighbors etc.) to be a part of their support system while their child is placed with IERC.
 - IERC will provide LGBTQ children access to peer support groups, community activities, alliances etc. as is age-appropriate.
 - IERC will ensure that CFTMs affirm and respect all children's SOGIE.
 - IERC will strive to provide support services for families who do not affirm their LGBTQ and gender non-conforming children and who need support moving from rejection to acceptance as appropriate.
 - IERC will review the well-being, permanency and safety of all children and families, including LGBTQ and gender non-nonconforming children and families.
 - IERC will ensure that agency staff do not discriminate against LGBTQ and gender non-conforming children and families as well as have appropriate interventions in place for those who are struggling to affirm children and families.
 - IERC will strive to develop collaborations with community agencies that affirm and support LGBTQ and gender non-conforming children.
 - IERC is committed to general advocacy for LGBTQ and gender non-conforming children in the community, at school and wherever support is needed.
 - IERC is committed to enhancing and sustaining the health and well-being of the lesbian, gay, bisexual, transgender, questioning (LGBTQ) children in our care by providing activities, programs and services that create community; provide essential resources; advocate for their civil and human rights; embrace, promote and support cultural diversity; and provide compassionate, quality service delivery always striving for continual quality improvement.
 - IERC is committed to creating a community in which all diverse populations can learn, live, and thrive in an atmosphere of tolerance, civility, and respect for the rights and sensibilities of each individual, without regard to race, color, national origin, ancestry, religious creed, sex, gender identity or sexual orientation. If any client should ever feel that they have been harassed, discriminated, or retaliated against based on any of the above protected classes IERC will ensure that everything in our power will be done to respond in a manner to promote safety, good will and support from all staff and clients who reside in our milieu.

PLAN OF OPERATION

PART L PLAN FOR USE OF DELAYED EGRESS DEVICES

IERC does not utilize Delayed Egress Devices.

PLAN OF OPERATION

PART M CONFLICT OF INTEREST

IERC Conflict of Interest Mitigation Plan will follow WIC 11462.02(g).

Counties licensed to operate a foster family agency or short-term residential treatment center shall, as a condition to receiving payment, ensure that its conflict-of-interest mitigation plan, submitted to the department pursuant to subdivision (d) of Section 1506.1 and subdivision (d) of Section 1562.01 of the Health and Safety Code, addresses, but is not limited to, the following:

- A decision to place children and youth in a county-operated facility when alternative appropriate placement options exist.
- The reporting by county staff to the department or other agencies of observed noncompliant conditions or health and safety concerns in county-operated foster family agencies or short-term residential treatment centers.
- The cross-reporting of reports received from mandatory child abuse and neglect reporters involving county-operated foster family agencies and short-term residential treatment center programs.
- Disclosures of fatalities and near fatalities of children placed in county-operated foster family agencies and short-term residential treatment centers.

PLAN OF OPERATION**PART N CONTINUOUS QUALITY IMPROVEMENT**

IERC's Continuous Quality Improvement (CQI) protocols are based on the overall mission, vision and values of IERC and strives to have active inclusion and participation of staff at all levels, including children, families and community resources and IERC staff who focus on adopting specific outcomes associated with *trauma informed and culturally relevant services*. In order to evaluate IERC's program outcomes, so as to provide those outcomes to Department of Behavioral Health for review, IERC utilizes the California Benchmarking Initiative (CBI), independent outcome data review source, and is defined as follows:

The California Benchmarking Initiative (CBI) is provided through McKinley Children's Center, in collaboration with Dr. Paul Sunseri of Psychological Assessment Systems & Consulting Services, Inc., and is a comprehensive state-wide benchmarking program for California child welfare organizations. IERC uses CBI to compare IERC's performance with other similar organizations. The results are very helpful to IERC so as to compare our outcomes with similar organizations' outcomes in order to improve services and outcomes for the children placed in IERC's program. IERC uses its benchmarking results as a way to improve services as well as build invaluable community support. The data produced by CBI provides an "apples to apples" comparison to other residential programs in California with similar Rate Classification Levels, license capacity, types of children served (age, gender), referral sources (dependency, probation, volunteer placement), and location (urban, rural, county, etc.).

IERC evaluates its program outcomes and results that are to be submitted to CBI through surveys, assessments and reports of input gathered and program outcomes from persons serviced, personnel and stakeholders. IERC gathers the above information to be submitted to CBI twice yearly and reports are generated for IERC to review and distribute to any interested party including but not limited to: Social Workers from placing counties; DPSS; DBH Mental Health Contract providers; and CCL when requested and as appropriate.

IERC obtains CQI data in part through the following:

- IERC's Special Incident Reports (SIR),
- Progressive Development System (PDS), an internal program daily tool that determines a child's behavioral progress that include personal goals and program goals. IERC direct care staff monitor and assesses the child's daily activities, including, routines, chores, school grades/behaviors, peer interactions, staff interaction, ability to follow directions as well as personal goals as determined by the therapeutic staff, such as boundaries, responses to daily events, participation in individual and group therapy, etc.
- Activity and Contact Sheet entries (ACS); an internal log of all activity and contact for the
- Staff and Therapist input,
- CANS results – This assessment tool is utilized upon admission of all placements and those qualified for the CHRIS – Children's Residential Intensive Services (San Bernardino County Contract) and every 3 months after or more often as needed. These outcomes

Specific outcomes, indicators and practice standards are reviewed and evaluated by the Executive Director and Administrator and are shared with the Board of Directors, IERC Clinical staff, Social Workers from placing counties; DPSS; DBH Mental Health Contract providers; CCL: and other interested parties when requested and as appropriate for review.

PLAN OF OPERATION

PART N CONTINUOUS QUALITY IMPROVEMENT

Outcomes are utilized for the following:

- Board of Directors Review
- Program Review and Improvement
- Clinical treatment review and improvement
- Personnel Review and Improvement
- Administration Review and Improvement
- Governance

At each Board Meeting, the Board Members and Executive Director analyze the most recent quarterly critical incidents and review causes, trends, actions for improvement, results, education and training, prevention and internal and external reporting requirements. This information will be noted and included in the Board Meeting Minutes.

IERC is committed to actively measuring both qualitative/quantitative data through the following outcome measures required by IERC's San Bernardino County Dept. of Behavioral Health (DBH) Mental Health Contract for Children's Residential Intensive Services (ChRIS) program. IERC actively partners with DBH and the California Benchmarking Initiative (CBI) to gather data and monitor outcomes for all of the children and families IERC serves through its STRTP program and its ChRIS Mental Health Clinic.

Currently IERC and CBI focus on the following qualitative/quantitative data to consistently improve the following specific grammatical and clinical outcomes through twice-yearly data submissions:

- Number and length of containments
- Number of AWOL incidents
- Number of Self-harm incidents
- Number of Serious Injury incidents
- Number of Medication Errors
- Type A Citations
- Type B Citations
- Average length of stay
- Average change in GAF scores
- Average change in CANS scores
- Average client surveys
- Average percent capacity
- Discharge/destination
- Planned discharge
- Unplanned discharge
- Employee turnover

PLAN OF OPERATION**PART N CONTINUOUS QUALITY IMPROVEMENT**

- Work related injuries
- Days of cash
- Net revenue
- Employee satisfaction survey
- Governing Board attendance
- Governing Board satisfaction survey

IERC takes the outcome data gathered in the above areas twice a year and compares those outcomes from past performance outcomes, tracking changes and responding accordingly. IERC utilizes the information given through the CBI reports and, as appropriate, shares that information with the Board of Directors, clinical staff, children/families, community partners, Social Workers from placing counties; DPSS; DBH Mental Health Contract providers; CCL and other interested parties when requested and as appropriate to consistently strive to improve the program outcomes to better meet the needs of children and families served. IERC is dedicated to improving care and service and strives to:

- Improve quality of care and client behavioral and clinical outcomes through the ongoing objective of systematic measurement and evaluation of important aspects of client care and mental health services, including child and family satisfaction.
- Ensure that employees provide and strive to consistently improve client/family services in a manner consistent with program values, rules, regulations, policies and procedures.
 - IERC is dedicated to the free and equal access to information, facilities, and programs for diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services. IERC recognizes that everyone has a sexual orientation, gender identity and expression (SOGIE). IERC strives to develop a culturally safe environment and encourages agency leadership, employees and any individual with access to the children in IERC's care to have conversations about the LGBTQ culture and all diverse populations that may be present in IERC's milieu.
- Ensure that the results of performance improvement activities are considered as a part of the training and improvement process.
- Ensure that performance improvement findings, results of actions taken and recommendations pertaining to those findings are communicated to: IERC clinical staff, executive leadership, Board of Directors, community partners, Social Workers from placing counties; DPSS; DBH Mental Health Contract providers; and CCL when requested and as appropriate.

Quality improvement efforts occur at both the facility site and administratively. Site-based quality management occurs in individual staff supervision/training, team supervision, treatment team meetings/trainings and program refinement as a result of outcome data. Child and family input is gathered through satisfaction surveys and individual interviews which review program services.

PLAN OF OPERATION

PART N CONTINUOUS QUALITY IMPROVEMENT

Agency wide quality improvement occurs through IERC's focus on developing, monitoring and refining standards and systems. The IERC teams include: administrative team; child care staff; clinical staff/interns; and office staff all of which ensure that the agency standards and systems are being fully implemented. IERC will provide, upon request, the outcomes and results of its CQI to DPSS for review to any interested party.

IERC has continual participation in both state and county evaluations of our services. IERC has clients, families, staff and board member's complete satisfaction surveys which are submitted twice yearly to CBI. IERC is pleased to report that compared to similar STRTP's in the study, IERC has consistently had higher levels of satisfaction in all areas.

In addition, IERC currently tracks the following information that can be made available to Social Workers from placing counties; DPSS; DBH Mental Health Contract providers; CCL and any interested party when requested and as appropriate:

- Client demographic information
- Percent of children transitioning into lower levels of care
- Percent of children successfully graduated into lower levels of care
- Percent of children satisfied with treatment
- Percent of families satisfied with treatment

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

IERC MISSION STATEMENT: *Inland Empire Residential Centers, Inc. helps children and their families become healthy, happy and whole while teaching them to contribute positively to their communities.*

IERC shall provide the following staff to child ratios:

- From 7am-10pm; there shall be one direct care staff person to each 4 children or fraction thereof, present.
- From 10pm-7am; there shall be one awake direct care staff person to each 6 children or fraction thereof, present.
- There shall be no less than 2 direct care staff on premises at all times children are present.
- A Certified Administrator, Facility Manager or a Mental Health Rehabilitation specialist may count toward the staff to child ratio, provided.

IERC's program is designed to primarily serve youth ages 6 – 17 and includes youth with developmental delays and youth on the autism spectrum who might benefit from STRTP placement due to their need for a structured environment. IERC evaluates all referrals on a case-by-case basis to determine whether the IERC program can meet the individual child/youth's needs and does so from a holistic, strength as well as needs-based perspective. IERC does not discriminate on the basis of actual or perceived race, ethnic group identification, nation of origin, color, religion, gender, sexual orientation, gender identity, mental or physical disability or health status.

The program is designed to treat and provide services for children and pre-adolescents with the following characteristics or symptoms and includes but is not limited to:

- Children ages 6 to 12
- Children aged 13 to 17 who fit within the population of males age 6 to 12 due to developmental delays or autism spectrum issues;
- severe/dangerous/assaultive behaviors;
- inability to control anger in multiple settings;
- multiple placement failures;
- sexual acting out;
- borderline intellectual functioning requiring behavioral support due to aggressiveness/anger control issues etc.;
- autism spectrum disorder behavioral issues requiring increased need for supervision/behavioral support due to aggressiveness/anger control issues etc.

When considering any child for placement, IERC considers commonality of needs. These needs include, but are not limited to:

- Children ages 6 to 12
- Children aged 13 to 17 who fit within the population of males age 6 to 12 due to developmental delays or autism spectrum issues;
- Client has behavioral, clinical, mental health needs that exceed the ability of foster family homes to address safely;
- Client can safely transition into IERC's program without jeopardizing current IERC client's safety.
- Perspective client's ability to fit into current client census related to the concentration in the IERC milieu of any given behavior/mental health issue/supervision issue. For example: only small percentage of sexually acting/one-on-one out clients can be served at any given time due to supervision issues)
- Clients need for highly structured and supervised environment providing awake staffing 24/7;
- Clients need for individual, group and family therapy geared towards pre-adolescent behavioral, clinical and mental health needs;
- Clients need for intensive behavioral support to maintain safety;
- Clients need for latency age level structure, milieu orientation and supervision;
- Clients need for anger control curriculum (Anger Replacement Training, ART);
- Client's need for one-on-one supervision etc.

All IERC staff will be trained to understand the needs of CSEC, SOGIE and Native American children/youth in order to collaborate effectively with the CFT in developing a service plan that meets the child/youth's needs specific to history of trauma, including but not limited to history of sexual exploitation.

IERC will engage in active efforts to provide services and supports that address the needs of children/youth whose history of trauma may include sexual abuse or exploitation. Utilizing the CFT meeting process, IERC will develop a service plan to provide or to access appropriate services for the child/youth and the child's family. In the event of a determination that the child/youth needs a level of service specific to his history of sexual exploitation, IERC will reach out to collaborate with community resources qualified to meet those needs and will evaluate the appropriateness of placement in the IERC program. IERC will stay informed about emerging best practices.

IERC will engage in active efforts to provide services and supports to develop and maintain a Native American child's ties to the child's tribe and tribal community by partnering and collaborating with tribal welfare workers at time of placement to develop a service plan and to access appropriate resources for the child and the child's family. Specifically, IERC will reach out to the local San Bernardino Tribal Councils when in need of expert guidance who include but are not limited to: San Manuel Band of Mission Indians, Soboba Band of Mission Indians and Morongo Band of Mission Indians, to ensure accordance with the Indian Child Welfare Act (ICWA) when providing services to Indian Children.

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

IERC will provide a wide array of culturally relevant, trauma informed, and age and developmentally appropriate therapeutic services primarily to Younger Youth ages 6 to 12 and Cognitively Low Functioning youth ages 6 through 17 with mental health and behavioral issues that fall within the cognitive age range of the Younger Youth population.

IERC is dedicated to the free and equal access to information, facilities, and programs for our diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services. IERC recognizes that everyone has a sexual orientation, gender identity and expression (SOGIE). IERC strives to develop a culturally safe environment and encourages agency leadership, employees and any individual with access to the children in IERC's care to have conversations about the LGBTQ culture and all diverse populations that may be present in IERC's milieu. IERC's conversations are not intended to change anyone's beliefs but will be working toward enhancing the well-being, safety and permanency of all children, including LGBTQ and gender non-conforming children.

IERC will serve the following populations:

- Younger children (ages 6-12) with severe mental health issues and behaviors. These young children have severe mental health issues that need intensive treatment. Their behaviors are beyond the ability of parents, relatives or foster homes to address. They may have had frequent hospitalizations for threat to self or others. Their behaviors may be extremely aggressive and include assault to others, property destruction, and attempts to harm self. They may be victims of severe physical or sexual abuse. Their parents may have a history of mental illness and these children may live in a chaotic family environment.
- Cognitively Low Functioning children ages (6 -17) with Mental Health and Behavior Issues that includes boys on the higher functioning end of the autism spectrum who present with significantly delayed social/attachment skills. These youths interact at a cognitive age of 12 or younger and feel most comfortable interacting with children much younger than their biological age. These children present with mild intellectual disability or have been diagnosed as meeting criterion and have been identified as being on the autistic spectrum. Neither population is IRC eligible. These are youth with mental health and behavioral issues that need intensive treatment and support. These youths may be bullied by peers of their same biological age therefore need to be placed with younger boys that align with their cognitive age and abilities. These children may have difficulty benefitting from the abstract skills necessary for therapy and need special attention to address their high need issues.

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

IERC clinical staff that currently includes; Licensed Clinical Therapists (LCSW/LMFT); Master's Therapist (MSW); and Master's level interns will administer these services. IERC's clinical team will be provided with training and supervision while conducting therapy and groups with and clients. IERC's therapeutic program is designed to address specific target behaviors/symptoms that are jeopardizing the child/youth's planned transition to a lower level of care as well as the mental health needs driving those behaviors.

IERC is a strength based program which currently supports and demonstrates the *Core Practice Model* and utilizes the Child Adolescent Needs and Strengths (CANS-SB) assessment tool, in conjunction with San Bernardino County DBH CHRIS (Children's Residential Intensive Services) Contract services, to *qualitatively and quantitatively* monitor the efficacy of the mental health services provided to children placed at IERC and to develop effective Needs and Services treatment planning using those outcomes. The CANS-SB is utilized by IERC as follows:

The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment is utilized by IERC as a multipurpose tool that was developed to do the following: support care planning and level of care decision making; to facilitate quality improvement initiatives; and to allow for the monitoring of outcomes of services. The CANS is used by IERC to facilitate the linkage between the assessment process and the design of individualized service plans for IERC's clients which includes the application of evidence-based practices. The following are the key characteristics of the CANS Assessment tool:

- 1.Goals are selected based on relevance to planning.
- 2.There are action levels for all goals
- 3.Culture and development are considered before establishing the action level
- 4.The CANS model is neutral and has no effect on cause and effect
- 5.The CANS model is about the individual client, not about the service. IERC rates the client's needs when masked by interventions.
- 6.The CANS allows for the specific ratings window (e.g. 30 days) to be overridden based on action levels for each of IERC's clients.

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

The CANS is easy to learn by IERC's Clinicians and is well tolerated by IERC's youth and families and does not necessarily require scoring in order to be meaningful to a child and family. The way the CANS works is that each item suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths):

For needs:

- a. No evidence
- b. Watchful waiting/prevention
- c. Action
- d. Immediate/Intensive Action

For strengths:

- a. Centerpiece strength
- b. Strength that you can use in planning
- c. Strength has been identified-must be built
- d. No strength identified

he CANS utilize settings that have a fidelity model approach to look at service/treatment/action planning based on the CANS assessment.

- A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the plan.
- A rating of a '0' or '1' identifies a strength that can be used for strength-based planning.
- A rating of a '2' or '3' identifies a strength that should be the focus on strength-building activities.

he CANS tool is used by IERC clinicians to monitor outcomes and can be accomplished in two ways.

- First, items that are initially rated a '2' or '3' are monitored over time to determine the percent of IERC clients/families who move to a rating of '0' or '1' (resolved need, built strength).
- Second, dimension scores can be generated by summing items within each of the dimensions (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension (domain) scores are valid outcome measures utilized by IERC clinicians and demonstrate reliability and validity.

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

IERC collaborates with its San Bernardino County DBH Contractual partner in providing mental health services to its clients and measures the success of program and clinical services in the following ways:

- through active participation as members of the Child and Family Team (CFT) and by actively supporting the Child and Family Team Meetings (CFTMs);
- providing and tracking programmatic and clinical outcomes through the California Benchmarking Initiative (CBI), and/or similar outcome tracking service, and the use of the CANS (SB) assessment tool, as defined above.
- participating in and facilitating Intensive Care Coordination (ICC) during discharge planning.
- providing the additional clinical services of monitoring and providing mental health support to its client's and their families after discharge to ensure a smooth and safe transition/stabilization while adjusting to a lower level of care appropriate to that child's needs.

IERC clinicians collaborates with its partners in providing mental health services to its clients through active participation as a member of the Child and Family Team (CFT) and actively support the Child and Family Team Meetings (CFTMs); currently provides and tracks outcomes through the California Benchmarking Initiative (CBI) and/or similar outcome tracking service. IERC participates in and facilitates Intensive Care Coordination during discharge planning. IERC will provide the additional services of monitoring and providing support to its client's and their families services after discharge to ensure a smooth and safe transition/stabilization while adjusting to a lower level of care appropriate to that child's needs.

IERC's initial goal when placing a child is to stabilize both the child and his family by providing a nurturing, safe environment where they feel welcomed, secure and comfortable in an atmosphere where relationships and trust can be developed through integrity, consistency, commitment and follow-through. These children and their families will be helped to discover their strengths through assessment (CANS-SB) and a treatment team-oriented approach to develop appropriate therapeutic interventions to address their specific needs along with a solid discharge plan allowing reunification or graduation to a less restrictive environment as quickly and safely as possible through the CFT/CFTM process. Therapeutic support may continue to follow the child after discharge to ensure the transition continues safely and the child has a chance to stabilize in his new environment as determined by the CFT.

PROGRAM STATEMENT**1 - POPULATION TO BE SERVED**

IERC's Clinical Treatment Team will address the child and his families' needs by identifying both current strengths and also developing new strengths through assessment, identification of needs and therapeutic intervention facilitating growth and stability. A sense of control and accomplishment occurs when short term goals are met and positive reinforcement is achieved leading to the motivation needed by children and their families to continue to work toward their positive and life affirming goals. As success is experienced, positive growth follows and sets the groundwork for successful milieu, individual, group and family therapy leading to a safe transition back to their family and/or transition to a less restrictive environment. IERC serves children and families with highly differentiated needs. Children and families often need intense therapeutic/mental health support and IERC will address those needs in the following ways:

- A successful track record of helping children and families with significant needs.
- A flexible array of services that can be individualized to meet the needs of the child and family.
- IERC is dedicated to the free and equal access to information, facilities, and programs for our diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services. IERC recognizes that everyone has a sexual orientation, gender identity and expression (SOGIE). IERC strives to develop a culturally safe environment and encourages agency leadership, employees and any individual with access to the children in IERC's care to have conversations about the LGBTQ culture and all diverse populations that may be present in IERC's milieu. IERC's conversations are not intended to change anyone's beliefs but will be working toward enhancing the well-being, safety and permanency of all children, including LGBTQ and gender non-conforming children.
- A successful track record of helping children and families with significant needs.
- A flexible array of services that can be individualized to meet the needs of the child and family.
- IERC is dedicated to the free and equal access to information, facilities, and programs for our diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services. IERC recognizes that everyone has a sexual orientation, gender identity and expression (SOGIE). IERC strives to develop a culturally safe environment and encourages agency leadership, employees and any individual with access to the children in IERC's care to have conversations about the LGBTQ culture and all diverse populations that may be present in IERC's milieu. IERC's conversations are not intended to change anyone's beliefs but will be working toward enhancing the well-being, safety and permanency of all children, including LGBTQ and gender non-conforming children.
- Service planning which involves the child/family as the driving force in the treatment, building on the strengths of those being served, and embracing recovery, resiliency and wellness.
- Demonstrated positive outcomes through CBI submissions' pertinent data.
- A treatment philosophy based on empowering families, individualizing treatment planning and building skills which enable children and families to function effectively in the least restrictive setting possible.

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

- Behavioral health expertise which includes in-house training through certified instructors of the following evidence –based practice models, including but not limited to: Aggression Replacement Training (ART); Cognitive Behavioral Therapy; 3-5-7 Grief and Loss Therapy, Trauma Focused Cognitive Behavioral Therapy and Animal Assisted Therapy (AAT) with community partners.

IERC will support and provide much needed mental health services to the most vulnerable children and their families.

IERC's program is specifically designed to address target behaviors/symptoms that are jeopardizing the child/youth's planned transition to a lower level of care. IERC staffing provides that averages, 1 staff to 4 children ratio, ensuring sufficient coverage to the children and families as needed. IERC is a strength based program which currently supports and demonstrates the Core Practice Model; utilizes the CANS-SB assessment tool to develop an effective treatment plan; collaborates with its partners in providing mental health services to its clients through CFT/CFTM; provides and tracks outcomes through the California Benchmarking Initiative (CBI) or similar outcome based program and participates in and facilitates Intensive Care Coordination during discharge planning. Through DBH contracts, IERC will monitor and provide support to its client's and their families after discharge to ensure a smooth and safe transition/stabilization while adjusting to a lower level of care appropriate to that child's needs as determined by the CFT. There is an emphasis on a shorter length of stay and on fully utilizing community services, activities and events. These activities will be jointly selected by the youth/care providers and will be tailored to further stabilize and develop each youth's identity, self-esteem, and efficacy internally, socially, educationally and as a part of a community at home and school. These activities will enhance learning and mindful awareness in relationships with self, family, friends, acquaintances and class mates/residential mates

The goals of IERC's integrated intensive Mental Health program are to assist the youth and families served to gain the skills needed to reduce and/or eliminate the symptoms of their mental health disorders and to assist them in developing more functional and adaptive behaviors while significantly reducing/eliminating maladaptive behaviors. It will be a high priority for IERC to assist family members to gain the communication, insight and parenting skills needed for the family to function more cohesively and assist the troubled youth while they strive to function more age appropriately. IERC will assist the youth served to identify their needs, communicate those needs and allow them to lead quality, contributing lives to gain the skills necessary to have their needs fulfilled. IERC intends to assist youth served to learn the necessary skills to prevent hospitalizations. IERC will assist the youth in resolving their conflicts and attempt to reduce their symptoms to eliminate their behavioral problems to achieve reunification and/or graduate to a less restrictive level of care. In order to provide mental health services, it is understood that EPSDT funding requires the youth are recipients of full scope Medi-Cal or are Medi-Cal eligible and that they meet Medical Necessity Requirements. Through coordination with DBH and CFTM's, services may continue after discharge from the residential program, and follow up may be provided by IERC to ensure appropriate continuity of care. IERC's primary focus during this transition period is to reduce the potential for recidivism.

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

IERC's Clinical Treatment Team (Licensed Clinical Social Worker (LCSW) / Licensed Marriage and Family Therapist (LMFT) and Facility Social Worker, MSW/ASW) receive and review referrals from county placement workers, adoptions and/or education agencies for possible placement. A Pre-Placement Interview and Assessment is conducted by the Clinical Team to confirm the child's appropriateness for placement with IERC. A thorough risk and child clinical assessment is conducted with the child as well as integrating observation and child/caregiver feedback. Once that process has been completed, a determination is made as to the appropriateness of placement.

IERC's STRTP license will accept children from the age of 6 – 17 who fall within the populations of younger youth and developmentally delayed/autistic youth who can benefit from residentially based care and who do not function safely within a less structured environment.

The child's cognitive functioning should allow them to complete basic activities of daily living, communicate and utilize the treatment program which is geared to decision making and discussion. The child should show a desire to attend and participate in the program. No child will be accepted against their will if at all possible. The child must be physically able to take care of himself with instruction, assistance and supervision, even though he may not currently have that ability. A child who is actively suicidal may be admitted into placement; however, a thorough evaluation of the child's situation must be completed, and if they cannot be safely treated at IERC, a more appropriate level of treatment will be recommended. A child with concurrent medical problems may be maintained at IERC facility unless his physical condition requires direct and continuous medical and nursing supervision.

As a licensed Short Term Residential Therapeutic Program (ST RTP) in the State of California, IERC will adhere to these regulations.

Employees of IERC will become familiar with the guidelines, protocols and policies of Title 22, STRTP Licensing Standards.

The above noted regulations can be located on line at www.cclld.ca.gov.

IERC will not withhold service to a client on the basis of race, color, religion, sex, age, national origin, sexual orientation (LGBTQ) or disability. IERC is an equal opportunity employer and employment decisions are based on merit and business needs, not on culture, race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, socioeconomic status, language, genetic characteristics, religious creed, physical or mental disability, marital status, veteran status or any other factor protected by law. IERC will accommodate all persons served and Stakeholders to the best of its ability in order to meet all cultural needs, including age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language. Initial employee training includes a cultural sensitivity competency plan. IERC Board of Director's will also be held to the same standards. The cultural sensitivity competency plan will be reviewed by the Executive Director annually.

PROGRAM STATEMENT**1 - POPULATION TO BE SERVED**

IERC will utilize positive LGBTQ practice models in order to expose the culturally diverse children in its care to as positive a program experience as possible. These positive LGBTQ/culturally diverse practice models may include, but are not limited to;

- Encouraging staff to incorporate/share their LGBTQ/culturally diverse experiences and knowledge with the client population under the supervision of Facility Managers, Facility Therapist and Administrator.
- Attend Culturally diverse/LGBTQ events regularly.
- Prepare Culturally diverse and inclusive meals representing the broad spectrum of interest and diversity.
- View culturally diverse/LGBTQ documentaries, movies, etc.
- Create a culturally diverse, safe and sensitive environment to LGBTQ and all clients.
- Train and provide positive practice models to staff regarding LGBTQ/culturally diverse children and their families including, but not limited to the following;
 - Anti-Bullying policies that specifically reference gender identity.
 - Creation of a climate of affirmation and support of LGBTQ/Culturally diverse client's choices.
 - Create a culture that celebrates diversity in all its forms, including books, movies that positive represent same sex relationships and role models that stand up for the LGBTQ community.
 - Display "hate free" zone signs and symbols indicating and LGBTQ friendly environment (pink triangle, rainbow flag).
 - Use of gender neutral language when asking about relationships; for example; instead of, "do you have a girlfriend?" ask "Is there anyone special in your life?"
 - Encourage staff to help youth feel safe by allowing them to talk about anything without judgement.
 - Slurs, jokes based on gender identity or sexual orientation will not be tolerated.
 - Encourage youth to participate in activities that interest them, regardless if these activities are stereotypical male or female.
 - Educate staff about LGBTG history, issues and resources.

IERC is dedicated to the free and equal access to information, facilities, and programs for our diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services. IERC recognizes that everyone has a sexual orientation, gender identity and expression (SOGIE). IERC strives to provide training to and develop a culturally safe environment and encourages agency leadership, employees and any individual with access to the children in IERC's care to have conversations about the LGBTQ culture and all diverse populations that may be present in IERC's milieu. IERC's conversations are not intended to change anyone's beliefs but will be working toward enhancing the well-being, safety and permanency of all children, including LGBTQ and gender non-conforming children.

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

- IERC will strive, when age appropriate and applicable, to provide an environment that visibly displays inclusivity and affirmation through observable signs throughout the agency. IERC staff will reflect values that affirm all children by using their preferred/chosen names, asserted gender pronouns and will respect their gender expressions. All IERC staff will provide affirmation of LGBTQ and gender non-conforming youth through clothing, grooming and hygiene products, self-expression, dating, visitation, transportation and peer inclusion as applicable and age appropriate.
- IERC is committed to enhancing and sustaining the health and well-being of the lesbian, gay, bisexual, transgender, questioning (LGBTQ) children in our care by providing activities, programs and services that create community; provide essential resources; advocate for their civil and human rights; embrace, promote and support cultural diversity; and provide compassionate, quality service delivery always striving for continual quality improvement.
- IERC is committed to creating a community in which all diverse populations can learn, live, and thrive in an atmosphere of tolerance, civility, and respect for the rights and sensibilities of each individual, without regard to race, color, national origin, ancestry, religious creed, sex, gender identity or sexual orientation. If any client should ever feel that they have been harassed, discriminated, or retaliated against based on any of the above protected classes IERC will ensure that everything in our power will be done to respond in a manner to promote safety, good will and support from all staff and clients who reside in our milieu.
- IERC takes pride in and strives to promote full inclusion of lesbian, gay, bisexual, transgender and queer (LGBTQ) identified children as well as all of the children in our care. IERC also strives to eliminate heterosexism, homophobia, gender identity oppression, sexism, classism, racism, and other blatant and institutional forms of marginalization by providing our staff training, advocacy, collection, and dissemination of information and resources.
- IERC believes that lesbian, gay, bisexual and transgender individuals (LGBTQ) should be protected from discrimination or harassment under all federal, state and local laws throughout the United States as a protected class.

IERC regularly utilizes formal and informal supports provided by professionals and non-professionals in the provision of services and is a major facet of IERC's approach to providing comprehensive and coordinated mental health services that integrates case management services through the identification, coordination, linkage and utilization of community resources, both formal and informal. These case management services are directly and clearly tied to the child/families individualized plan and specific treatment goals. IERC is always searching for new ways to connect with the community to collaborate and create partnerships that benefit its clients.

IERC currently works collaboratively with numerous formal and informal community partners that include but are not limited to:

- San Bernardino and Riverside County DBH
- San Bernardino, Riverside, Humboldt, Kern, and San Diego County CFS
- San Bernardino, Orange and San Diego Adoption Assistance Programs

PROGRAM STATEMENT

1 - POPULATION TO BE SERVED

- Rim of the World Comfort Pets – Animal Assisted Therapy providing supplemental therapeutic support to children/families in placement.
- East Valley SELPA
- Redlands Unified School District
- CASA Program, providing mentoring and support while children go through the CFS system.
- Local churches provide spiritual support and annually provide holiday parties/meals/treats for Easter, Thanksgiving, and Christmas.
- Crafton Hills College ASB, provides a yearly Christmas party and gifts for IERC's boys for the past 25 years.
- University of Southern California MSW program partner with IERC and provide MSW interns to work therapeutically with IERC's children/families under the supervision of IERC's Licensed Clinician's supervision for past 15 years.
- University of Redlands (U of R); Fraternities act in the capacity of Big Brothers/mentors providing recreation, activities/support for the boys in care.
- Homework Club: Upper division education students provide tutoring through a formal grant, Student Success Academy to the University of Redlands through the San Bernardino County Superintendent of Schools. Student Success Academy also facilitates workshops one Saturday a month as well as a 6-week summer school program for the clients of IERC.
- University of Redlands volunteers provide companionship/mentoring to boys while completing their community service hours.
- University of Redlands students complete Work Study internships and participate in more formalized undergraduate internships through their specific majors.
- Redlands Police Department provides mentoring and visits with the boys to develop positive relationships with the local law enforcement.
- TBS workers from all IERC's DBH Partners provide much needed ancillary support for those boys with extra needs.
- Local Boy Scout troops partner with IERC to provide outdoor experiences.
- Local Girl Scout troops wrap Christmas presents and stuff stockings for boys annually.
- Tribal Representatives
- Redlands High School Students provide friendship/activities with the boys.
- Redlands Boys and Girls Club provide weekly activities for the boys.
- Junior All American Football Program provides coaching and support in a team setting.
- Redlands Baseball for Youth Program (RBY) provides coaching and support in a team setting.
- Redlands YMCA-Basketball/Sports Camps/Camping
- The Rochford Foundation's Burrage Mansion provides its beautiful location for boy's activities and IERC's annual Halloween carnival and Christmas party.
- Local families provide opportunities for the boys to befriend their children and invite them into their homes for healthy community interactions with friends from school under the Prudent Parent Standard.
- IERC encourages families/relatives to identify members of their communities (extended family/members of their spiritual community/friends and neighbors etc.) to be a part of their support system while their child is placed with IERC.

PROGRAM STATEMENT**1 - POPULATION TO BE SERVED**

IERC has a comprehensive Emergency Intervention Plan (included in Section 22) that details staff responses to client behaviors that may result in harm to self and/or others. All direct care staff are provided 8 hours Orientation training, 16 hours of milieu training and 24 hours of Shadow Training or more as needed. After 30 days or more of employment they are provided a 16-hour Pro-Act training by a certified trainer. After this training Administration and Facility Manager staff discuss the direct care staff's job performance and decide if they are authorized to utilize IERC's physical intervention plan when a client is a danger to self or others. If it is authorized that direct care staff will have another 2-hour training to review the Physical Intervention Plan in detail. Only direct care staff that have had the above-mentioned training including being certified in PRO-ACT and approved by Administration may physically intervening with a client following the Emergency Intervention Plan. All physical interventions are conducted with 2 Pro-Act Trained Staff Member with a 3rd Pro-Act trained staff monitoring the intervention. Authorized direct care staff will only physically intervene with a child/client if he is a danger to self and/or others. Many nonphysical interventions are utilized, such as space, time, options, reducers, reminders, calming box item, calling CSW or parent if applicable, walking, etc., in efforts to reduce aggressive and dangerous behaviors prior to any hands-on intervention. All physical interventions are immediately communicated to the Administrator and/or Executive Director, documented and submitted to the child's county representative, Community Care Licensing and/or other pertinent and authorized parties, when applicable. Physical interventions are debriefed weekly in staff meeting to comprehensively review. All IERC clients attend weekly Aggression Replacement Training (ART) groups. These groups assist the children in developing and implementing coping, calming, anger reducer, reminder and other skills to lessen the threat of harm to self and others. Children are encouraged to utilize various reducers, such as space, time, pillows, headphones, stress balls, deep breathing, counseling, positive reinforcement, etc. to assist them in calming to avoid physical violence. Staff are proactive and with the 1 staff to 4 client supervisions, they are able to counsel children and provide support and positive reinforcement prior to escalation and/or crises. Children are supervised at all times. IERC clinicians debrief all physical interventions with the child. A Facility Manager or designee is present at all times children are present.

IERC will measure the success of the many supports provided to the clients in its care by taking the outcome data gathered each month (See Section POO – N (CQI) areas twice a year and compares those outcomes from past performance outcomes tracking changes and responding accordingly. IERC utilizes the information given through the CBI reports and, as appropriate, shares that information with the Board of Directors, clinical staff, children/families, community partners, Social Workers from placing counties; DPSS; DBH Mental Health Contract providers; CCL and other interested parties when requested and as appropriate to consistently strive to improve the program outcomes to better meet the needs of children and families served.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

IERC's Emergency Care and Disaster Action Plan (LIC 610C) (*See Appendix J; revised 7/2018*) is posted on the Staff Office information board and in the Administration Office. Staff must familiarize themselves with the information on this plan and have the awareness of what it contains. The information on this plan includes contact information for: local emergency authorities, Redlands Police Department, Fire Department, Poison Control Centers, Child Abuse Reporting Line, Pediatric Doctor's Office, Dental Office, Vision Office, Urgent Care, Redlands Community Hospital, Emergency Shut offs, Emergency Shelter Information and exits from the facility. Monthly fire drills will be conducted and logged including drills being performed during weekends, evenings and holidays.

A full evacuation drill covering all facility employees will be held three times a year. In the event of significant employee turnover, additional drills may be held to maintain emergency evacuation familiarity.

The Emergency Care and Disaster plan has been developed for Inland Empire Residential Centers (IERC) to comply with OSHA standard 29 CFR 1910.38. It will be used in all emergency/ disaster situations which may occur in this facility. Generally, this plan will cover emergencies such as fires, medical emergencies, accidents, earthquakes, floods, chemical hazards, and electric and gas utility emergency situations requiring proper handling techniques and possibly the orderly evacuation of the administrative facility. This plan will be reviewed annually and updated as necessary. The safety officer is responsible for the update, implementation, and drill/incident critique of this plan.

All new employees will be thoroughly instructed in this plan before they begin their initial work assignments and told where the plan will be kept. An up-to date copy of this plan is kept in a place that is easily accessible to all employees.

Utility Shut off Locations:

- Main breaker at Northeast corner of building, individual breakers in the Northeast corner of pantry.
- Shut off on the West side of building, same for Fire Sprinkler system.
- Shut off at Southeast corner of building.

Medical Emergencies: Whenever an employee/client is injured or develops a medical emergency condition on property, follow the protocol below and notify your immediate supervisor as soon as possible.

Medical Emergency Instructions:

Dial 9-1-1 immediately and inform the emergency response system of the medical emergency. Give the dispatcher the nature of the situation and location of the facility.

If the client needs more attention dial 9-1-1, contact the reception desk with location and emergency situation details so that the appropriate authorities may be contacted only if the client is stable. If the client is unstable, call out for the nearest person to dial 9-1-1 and treat the client with the best care possible, staying within training guidelines for emergency response.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

All CPR/ first aid trained employees are to begin the CPR process if appropriate. If you have not been designated and trained to respond as a first aid responder, do not provide first aid. Make the victim as

comfortable as possible until medical help arrives. All employees are required to be first aid certified, if certification is not up-to-date, please notify the Human Resources department. Inform the Administrator along with the Executive Director of the nature and location of the medical emergency.

Fire Alarm: When the fire emergency alarm sounds, initiate evacuation no matter the cause of the fire alarm sounding; if it is determined to be a real emergency initiate evacuation and dial 9-1-1.

Fire Emergencies: There are smoke detectors located in bedroom alcoves, as well as fire extinguishers at each end of hall and in Target classroom. IERC also, has an internal system with a bell only; this system is located in the hallway. These instructions consist of a four-step procedure that employees should follow during a fire. The best response to a workplace fire is to do the following: 1) sound the alarm, initiate evacuation of the building and alert others within your proximity of the fire, then proceed to utilize the fire extinguisher located within the same area as the fire if possible; 2) if the fire becomes out of control dial 911 and evacuate the facility immediately. The procedure works best when staff are trained to follow and easily remember acronym such as SAFE.

Fire Instructions:

- **Sound the alarm:** either call 911 or call out to someone else to announce the fire. This allows the fire department to be on its way while proactive measures are being performed.
- **Alert others:** quickly tell others in the area of the fire. Do this in a calm firm manner. Do not cause a panic. Secure the area for the fire department. Close all doors and windows to prevent the spread of smoke and flames.
- **Fight the fire:** do this only in the case of a manageable fire, one that you have the training and experience to fight. For example, a fire in a wastebasket. If possible, two employees should fight the fire together, one person using a fire extinguisher and one person there for back-up. If you have any doubt about your ability to fight the fire, then do not attempt to fight it.
- **Evacuate the area:** if necessary.

Also, remember: before opening any interior door during a fire emergency, touch the door to see if it is hot. A fire on the other side will blast through (back draft) if the door is opened. In the event that leaving the building is unsafe or blocked, especially during a fire, you may find refuge in a restroom, close all doors and seal off doorway threshold cracks and vents with wet paper towels and tissues. In heavy smoke situations, clean air may be found by crawling on your hands and knees. Keep your face 12" from the floor.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

Earthquake Emergencies: These instructions consist of a three-step procedure that employees should follow during an earthquake and aftershock. The three-step earthquake response is to **drop** under a sturdy **cover** like a desk or table, continue to **hold** tightly onto cover until earthquake and aftershock has subsided. After shaking,

has stopped, check for self and other employees who may need immediate medical attention. IERC does not require nor train employees to respond to emergency medical situations beyond First Aid Certification training. All employees are to only respond to medical needs of others as much as personal comfort level and medical response education training has permitted. Contact 9-1-1 as soon as possible if necessary; once determined safe, follow evacuation plan.

Power Outage Emergencies: In the event of a power outage, the Administrator/Safety Officer will announce operational shut-down of the entire facility. Check to see if power is running in surrounding rooms and areas. The Facility Manager will report outage to the Administrator. If evacuation is necessary, proceed to the evacuation zone on the basketball court. Staff is to store and lock all client files/information before evacuating the property as long as personal safety is not threatened. All employees who have a personal office are to secure and lock away all client information before evacuating the premises as long as personal safety is not threatened.

The Facility Manager, Executive Director, and or the Administrator will determine and announce when it is safe for re- entry.

Flood Emergencies: In efforts to escape a flood, the Administrator along with the Executive Director are held responsible for maintaining an updated status for reported flood watches, flash flood watches and flood warnings posted by local weather reporting agencies along with national weather news reports. In the case of server flash fold warnings, employees are to report to the administrative office. If expecting flash flooding, move to higher ground before authorities report a mandated action for the community.

It is the responsibility of the safety officer to keep watch and announce to staff of weather alerts and keep updated all important alerts and announcements made by local, state and national weather authorities.

Personal safety and people are top priority in a flood, equipment protection is secondary.

Move or secure vital records if can be done safely, all electronic devices are found to be grounded, safely place on an elevated surface and make sure to power off all switches.

Turn off all electronic equipment along with any appliance requiring electricity such as freestanding lights.

All administrative IERC employees, if the announcement to remain within the facility occurs due to flash flooding, the Executive Director will announce the evacuation status if further or prolonged sheltering is needed. The Administrator/ Facility Manager will contact the fire department for information pertaining to local emergency shelters that have been made available. It is the responsibility of each employee to notify and inform family members of evacuation status and to arrange for transportation. In the instance that the phone lines are inoperable, personal cellular phones will be used to make contact. If cellular phones are as well inoperable, staff is to report to the administration office.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

It is the responsibility of the Administrator/ Facility Manager to turn all utilities off if necessary before leaving the facility. Disabled employees/clients are to be aided as much as possible. The Executive Director will, with clearance from the Fire Department, announce when the facility is to become operable again. If severe enough

damage occurs to the facility that services are rendered, the Executive Director will announce further actions to maintain services and date of re-opening.

Bomb Threat Emergencies: In the event of a bomb threat, *remain calm* and do not interrupt the person threatening. Gather as much information pertaining to the bomb such as location, time designated to explode, and the type of bomb, what will ignite the bomb and why.

Gather as much information about the bomber such as location, male/female, age, note accents, background noises, voice cues, emotional manner. Document as much information as possible including the time and if you recognize the person's voice.

If possible, notify the closest employee to begin facility evacuation and contact 9-1-1 right away. Report all information gathered to the dispatcher.

Wait for further instructions from the police department. Do not return to the facility until the Executive Director/Administrator and the police department clears the premises.

Violent/Threatening Emergencies: Refer to ProAct training techniques. ProAct material is located within the IERC policy and procedure manual and all employees are to be trained in ProAct.

Emergency Action Plan: the purpose of this plan is to establish managerial and employee actions for fires, natural and man- made disasters, or other significant emergency situations. The Executive Director has unlimited approval and implementation responsibilities for the development and implementation of this plan. It is the Administrator/ Facility Manger's responsibility to assure this plan is understood and followed by all their staff. It is the responsibility of the Administrator to revise and train as necessary this plan and to notify employees of such amendments.

Emergency Reporting: Employees shall **immediately dial 9-1-1**, and then notify all staff for all emergencies, even small fires. Emergencies involving chemical, fire, and /or natural/manmade hazards shall be handled in accordance with their specific emergency.

Facility Evacuation: whenever the fire alarm is announced the entire facility will evacuate by designated routes to the basketball court, IERC's predetermined assembly area.

Once an evacuation is begun, it will be carried to completion even if it is known to be a false alarm. Reentry will not be permitted until authorized by the Administrator, Facility Manager or the Executive Director.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

Emergency escape procedures and emergency route assignments:

In the event of an emergency, employees shall call out the fire announcement without exposing themselves to serious hazards and leave the affected work area as soon as practical via the emergency evacuation plan. The

Facility Manager must conduct a head count of all employees and children and will include in that count any children on AWOL status.

An orderly evacuation shall be supervised by Facility Managers who will check all rooms/enclosed spaces and report any problems to emergency responding personnel. They shall also ensure that all fire doors are closed on their way out, and report to the basketball court.

Critical Operational and Process Operations: If there are any critical operations or process operations that need to be shut down or inactivated before total evacuation is completed, Facility Managers must accomplish the shutdown in advance or designate a staff employee to be responsible for operations shutdown prior to any emergency., i.e. stove, washer and dryer.

Accountability of all People Post Evacuation: Once everyone has evacuated the facility and arrived at their designated meeting place, head count must be taken as soon as possible by the Facility Manager and reported to the Administrator or to the Executive Director who is responsible to report the information to responding emergency personnel.

The names and known or suspected locations for all unaccounted-for people including children on AWOL status will be sent to the Executive Director/ Administrator. The condition and location of any injured people must be documented and sent to the Executive Director/Administrator immediately.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

Rescue and Medical Duties: No employees of IERC are expected to perform rescue or medical duties beyond First Aid training and personal comfort. Generally, the fire department will perform these duties as needed. Administrative and/or Clinical staff will be in communication with local fire, law enforcement, child's attorney/County Social Worker and any other applicable disaster authorities as appropriate within an appropriate amount of time.

If anyone is trapped and/or injured in the emergency or during the evacuation, then the situation and location shall be noted and communicated to the Executive Director/ Administrator as soon as possible.

Rescue, first aid, and remaining behind with a trapped or injured person by company employees are voluntary and are governed by the rules of common sense.

Preferred Means of Reporting Fires and Emergencies: Announce the fire and/or ring fire alarm as soon as possible, then call 9-1-1 and communicate the particulars of the emergency to the emergency communication center dispatcher.

Persons to Contact for Information on this Emergency Action Plan:

Tanya Rigot	Penny Radtke
Executive Director	Administrator
Inland Empire Residential Centers, Inc.	Inland Empire Residential Centers, Inc.
710 Church St, Redlands Ca, 92313	710 Church St, Redlands Ca, 92313
Phone: 951- 316-5813	Phone: 951-522-8412

Emergency Response Plan: This emergency response plan has been developed for Inland Empire Residential Centers, Inc. and OSHA requirements.

Pre-emergency Planning and Coordination with Outside Parties: This emergency response plan has been developed to cover emergency disaster events possible at the IERC facility. We do not authorize nor train emergency response teams outside of the scope of first aid training and do not require, assign nor encourage employees to respond to emergency/disaster events outside of the scope of training provided by IERC. It is the policy of IERC to employ outside emergency response sources including but not limited to: local fire, law enforcement, child's attorney/County Social Worker and any other applicable disaster authorities, to correctly and safely attend to emergency/ disaster situations.

Personnel Roles, Lines of Authority, Training and Communication Onsite Organization, Lines of Authority and Coordination: The following job titles are designated to carry out the stated job functions on site. If one of the following job titles is unavailable, then he or she must designate another person or job title to carry out those assigned functions before he or she becomes unavailable or not represented on the company emergency response team. Before reentry, the Facility Manager shall ensure that it is safe to do so.

Executive Director is responsible for all compliance requirements whether taken on, delegated, or disregarded.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

Administrator: This is the Executive Director's safety designee. The Administrator and Executive Director are exclusively responsible for managing incidents to a successful conclusion along with the following responsibilities: Serves in the staff function of site safety and health officer. Advises the Executive Director on all areas of employee and public safety and health and serves as the custodian of incident records, logging all emergencies/disasters at the facility.

Training: IERC will conduct annual or more often as needed, employee trainings on emergency evacuation and preparedness as part of performance improvement activities (refer to CARF standard). Trainings will incorporate unannounced evacuation drills and evaluations by each participating staff member and will be documented and filed.

Safe Distances and Places of Refuge: IERC has determined that the basketball court of the facility back yard area will be the evacuation meeting site if safe. Secondary evacuation area is the front concrete area (patio) facing Church Street.

Evacuation Routes and Procedures-Emergency Procedures for General Facility Employees: If any equipment or apparatus fails to operate properly the Administrator and Executive Director must be notified, and they will determine the effect of this failure on continuing operations onsite. If the failure affects the safety of personnel or prevents completion of the work, then all affected personnel shall leave the affected area until the situation is evaluated and appropriate actions are taken for reentry clearance.

Reentry: In all situations, where an outside emergency results in evacuation, personnel shall not reenter until: The condition resulting in the emergency has been corrected. The hazards have been reassessed and are manageable. The safety of the site has been reviewed. The Facility Manager, Executive Director and/or Administrator give reentry clearance to all facility space.

Emergency Medical Treatment and First Aid: If the 9-1-1 call is initiated, a critical care ambulance and fire department paramedics will be dispatched to provide emergency transportation to a local hospital. The following on-site first aid equipment is available: First Aid Kit located in staff bathroom and vehicles.

Drills: All practice and training drills must be critiqued in writing. Reports will be documented and filed, used for quality improvement within the emergency response procedures.

Actual Incidents: All incidents must be critiqued in writing and reported to the Executive Director and the Administrator.

Content of the Critique: After each drill and actual incident, the Administrator and/or Executive Director must write, sign, and date a comprehensive critique within 48 hours. This critique must discuss in detail the high points, low points, successes and failures encountered. The summary paragraph must state clearly any changes or improvements needed in this plan and facility operating procedures. Commendable performance by individual staff and supervisors needed to be noted. Poor or inadequate performance of staff and supervisors must also be addressed. This critique will help management and staff to improve performance overall understanding.

Personal Protective and Emergency Responsibilities: The initial physical for each employee will establish levels of physical mobility. Each team member will serve as self-control. It is the responsibility of all IERC employee's to know personal physical and mental limitations and to communicate those limitations that may interfere with or may potentially require extra planning for a safe and effective emergency/ disaster evacuation. All reports are to be made to the Administrator.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

Maintenance and Certification of all Personal Protective and Emergency Equipment: The Administrator is designated to service, maintain, and certify all emergency equipment and apparatus used in this plan. Complete and proper records of emergency equipment testing (if necessary), maintenance and certification are kept on file and stored by the Administrator.

The Executive Director must consistently be updated on the availability and readiness of all emergency equipment. Contingency plans must be developed immediately if key emergency equipment is unavailable or temporarily out of service.

IERC will notify County Representatives of the children/clients if any disaster occurs. County Representatives are contacted when a client AWOLs.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

RUNAWAY / AWOL PLAN

When a child placed at IERC is absent from the facility without permission, the below protocols are followed:

- Staff will not chase child. It is imperative not to provoke the child into doing something that will endanger himself further. Staff will attempt to keep the child within view and will encourage him to return to the facility. Staff may follow the child at a safe distance to monitor him as well as keep him in sight; but not at the risk of that child or lesser supervision of the other children.
- If the child leaves facility grounds and is not in view and whereabouts are unknown, staff will wait a maximum of 15 minutes and will notify local law enforcement and IERC Administrator. Law enforcement may be notified immediately if it is determined that the child is an immediate danger to himself and the community.
- Upon the arrival of law enforcement to the facility, staff will ensure all pertinent information is communicated to the officer(s), including a current picture, description of what the child was wearing, his current height, weight and any distinguishing marks or features as well as a direction or destination headed, if known. Staff will communicate the child's state of mind and mental health issues as well as indicate all medication he is currently prescribed.
- Staff must immediately notify the Administrator and complete a Special Incident Report (SIR) that will include all the information regarding the Runaway/AWOL as well as any case number given by law enforcement, and if the child returned by law enforcement or on their own. Upon the child's return, this will be noted on the SIR report and IERC Administrator contacted. Special Incident Report (SIR) will be reviewed by IERC Administrator or designee, on the next business day and will be submitted to Community Care Licensing, Child's county representative(s), parent(s) and/or guardian(s).
- If a child calls the facility and is requesting to return, staff will immediately contact Administrator. If the situation is safe, the child will be transported back to the facility by staff and the local law enforcement will be contacted of their return. Most times, local law enforcement will come to the facility to follow up with the child once he returns and ensure his safety.
- When a child returns to the facility from a Runaway/AWOL incident; Staff will ensure his clothing and belongings are searched prior to him entering the facility; to ensure that no contraband is brought into the facility that may be a detriment to him or others.
- IERC will contact the child's county representative and report the AWOL. A Special Incident Report will also be completed and sent to the County Representative and Community Care Licensing. In addition a police contact notification will also be sent to CCL.
- IERC Runaway Plan is provided and discussed with the child and their authorized representative upon Admission. Child with a history of Runaway/AWOL behavior will be developed an individualized plan that will be included on their Needs and Services Plan to address this specific behavior. IERC has NO room or area that is locked to prevent a child from leaving the facility.
- With written County Social Worker approval in situations where the child is out of control and a danger to self; physical intervention may be used to detain the child within the guidelines of IERC approved interventions; standing, sitting escort and basket hold for the safety of the child.

PROGRAM STATEMENT

2 – EMERGENCY RESPONSE SERVICES

- If a child AWOLs during a change of shift, the Facility Manager will notify the Facility Manager of the next shift the status of the child who is AWOL and so on, until such time as the child returns or the AWOL is resolved.

PROGRAM STATEMENT**3 – TRANSPORTATION ARRANGEMENTS**

Authorization to transport clients is noted on the signed Agency Group Home/ STRTP Agreement by both country and/or parent representative and IERC Administration. Transportation arrangements for children to: health related services, school, extracurricular enrichment and social activities, court, attorney etc., provided that the transportation to these activities is reasonable, will be included on their Needs and Services Plan and written into the Placement Agreement. Staff will transport the children in a safe and secure manner and follow IERC transportation protocols and applicable state and federal transportation standards. When 2 or more staff is traveling, one will ride in the middle or back seat for optimum supervision. Employees must ensure that whenever they use IERC vehicles the following protocols are observed:

- Employees must be aged 21 or older (auto insurance requirement) to drive IERC owned/leased vehicles.
- Employees must have a valid driver's license. If an employee's license is not valid for any reason, this must be reported immediately to Administration and employee may not drive vehicles until directed by Administration.
- Employees may not talk and/or text on a cell phone while driving IERC owned/leased vehicles at any time; whether children are in the vehicle or not. California state law also prohibits texting while driving.
- Vehicle log/mileage must be filled in and out at every use.
- Employees driving vehicles must ensure Vans are gassed up if at ¼ tank or less after use.
- Employees must ensure that any trash and/or debris are cleaned out of the vehicles after use.
- Any vehicle maintenance needed must be immediately communicated to the FM/Administration and logged on the vehicle repair form.
- Eating and drinking are prohibited in the vehicles w/ the exception of water. NO SMOKING AT ANY TIME.
- IERC will ensure that employees will not smoke or permit any individual to smoke tobacco or any other product in a motor vehicle that is regularly used for providing transportation to a child.
- Passengers will not exceed the rated seating capacity of the vehicle and all passengers will wear a seatbelt.
- Children will never be left alone in a vehicle, not even for a moment.
- Employees will arrange for and provide transportation of children to and from school, activities provided outside the facility (including but not limited to attendance at religious services and lesbian, gay, bisexual, transgender and queer/questioning affirming activities) and medical/dental appointments. IERC will provide LBGTQ children access to peer support groups, community activities, alliances etc. as is age-appropriate.
- IERC's maintenance staff will ensure that the vehicles are maintained in safe operating condition by providing regular maintenance, oil changes, and repair as required to provide a safe vehicle in which to transport the children.
- IERC administration will ensure that all vehicles have current registration and insurance at all times.
- Employees are responsible for any traffic/parking violations if they are cited and at fault. Any employee cited must immediately communicate to the Facility Manager who will then inform the Administrator.
- Employees may not use IERC's owned/leased vehicle for any non-work-related business.

PROGRAM STATEMENT

3 – TRANSPORTATION ARRANGEMENTS

- Use of alcohol and/or illegal drugs at any time during work hours is strictly prohibited.
- Only IERC employees and clients are authorized to ride in IERC owned/leased vehicles.
- Only IERC employees authorized by Administration may drive IERC owned/leased vehicles.
- If a child calls the facility and is requesting to return, staff will immediately contact Administrator. If the situation is safe, the child will be transported back to the facility by staff and the local law enforcement will be contacted of their return. Most times, local law enforcement will come to the facility to follow up with the child once he returns and ensure his safety.

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

The following 5 core services and supports are trauma-informed, culturally relevant, age and developmentally appropriate and reflective of the diverse population served, including LGBTQ, gender expansive, Native American children (in accordance with ICWA) and their families. IERC provides initial and ongoing staff training to ensure delivery of these practices and will ensure, as possible, that any services secured through agreements with other agencies are similarly delivered.

- (1) **Medi-Cal specialty mental health services for children who meet medical necessity criteria for specialty mental health services.** IERC provides these services through San Bernardino County Department of Behavioral Health's Children's Residential Intensive Services (ChRIS) contract to provide the following Medi-Cal Specialty Mental Health services to IERC's clients who meet medical necessity criteria which include:

- **EPSTD SERVICES PROVIDED BY IERC** – IERC's clinically qualified registered and licensed (MSW/ASW/MFT/LCSW) clinicians will directly provide the following culturally relevant, trauma informed services to IERC's clients and families with the supervision of their Licensed Head of Service to all children placed at IERC. These services will be provided through the Medi-Cal certified, San Bernardino Dept. of Behavioral Health, ChRIS contracted clinic which is located within the IERC facility:
 1. Mental health services: Individual, family, anger management/clinical groups, and crisis intervention.
 2. Plan Development
 3. Rehab ADL
 4. Targeted case management
 5. Screening and Assessment
 6. Collateral Contacts
 7. Transitional Services including:
 - a. Intensive Care Coordination (ICC)
 - b. Intensive Home-Based Services (IHBS)
 - c. Transition support services for children and families upon initial entry, during placement changes and for families who assume permanency through reunification, adoption, or guardianship which include but are not limited to: case planning, collaboration between transferring agencies, family finding when possible and appropriate in collaboration with placing county and CFT, and support of placement stability after transition.

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

8. Crisis intervention services are provided by IERC clinical treatment team as well as the County of San Bernardino Access Unit and the Redlands Police Department, to provide crises services seven days a week, 24 hours a day, as needed, in order to help stabilize a youth who needs additional support during a time of crisis. These services, lasting less than 24 hours, require a significantly more expedient response than a regularly scheduled therapeutic service and include but are not limited to the following: assessment, collateral contact and individual therapy. Crisis intervention services only continue until the client is safe and/or the crisis has either been ameliorated or the Crisis Team/Police Dept. have determined that a hospitalization is necessary and have removed the child from the facility.

Medi-Cal Specialty Health Services that are not provided directly by IERC are able to be secured by IERC's Clinical staff to provide additional services through the CFTM process and with County Social Worker approval for their clients, regardless of County of origin and include but are not limited to the following:

- Therapeutic Behavioral Services (TBS) through local contract agencies including but not limited to:
 - Therapeutic Behavioral Services County of San Bernardino Department of Behavioral Health;
 - Mental Health Systems, Inc.
 - Lutheran Social Services
 - Victor Community Support Services
- Wraparound services through local contract agencies including but not limited to:
 - SAN BERNARDINO
Uplift Family Services
572 N. Arrowhead Ave., Suite 100
San Bernardino, CA 92401
Phone: 909-266-2700
Fax: 909-266-2790
 - VICTORVILLE
Victor Community Support Services
15095 Armargosa Road, Suite 208
Victorville, CA 92392
Phone: 760-245-4695
Fax: 760-513-4696

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

- Medication support services through the following providers:
 - San Bernardino County DBH,
 - Phoenix Clinic,
 - Per AB-1299 Presumptive Transfer as appropriate and meets the conditions laid out in that assembly bill.

(2) Transition support services for children, nonminor dependent, and families upon initial entry and placement changes and for families who assume permanency through reunification, adoption, or guardianship. IERC's post-permanency services are discussed during the 30 days prior to the child's anticipated exit date during the CFT process. IERC clinical staff are responsible for ensuring that the child's Health & Education Passport is updated and given to the child and family. IERC, through the CFT process, identifies and links the child and family to treatment services and community resources with the goal of facilitating the child's successful reunification and integration into the community.

Whenever possible, and as determined by the CFT, IERC will provide transition and follow-up care through IERC's ChRIS Mental Health Clinic clinicians, for as long as necessary to ensure the child is safely transitioned to the next program to minimize trauma and ensure all appropriate information/clinical support is provided to the child as the transition takes place to the next placement. IERC is only licensed to serve children ages 6 to 17.

In cases where discharge or transfer are planned, the process is as follows:

Upon placement, the initial CFTM will begin determination of a Client specific discharge/transfer plan at placement and, when appropriate, and client is determined to be stable and ready to be transitioned from IERC, a specific discharge plan will be initiated through a final CFTM;

County Social Worker or client representative will confirm the transition to new placement towards permanency whenever possible (foster home, biological family home, Intensive Care Foster Home etc.) and will approve all transfers and, with assistance by IERC if requested, ensure child is transported to new placement.

(3) Educational and physical, behavioral, and mental health supports, including extracurricular activities and social supports.

IERC provides planned individual and group activities for all children. Activities are aimed to fulfill the needs of the youth as described in their needs and services plans, as is determined through the CFT process and the youth's individual input. The program is designed to meet the child's needs and provide the ability for the youth to participate in activities and groups that recognize their interests, culture and diversity. IERC identifies and collaborates with local resources to provide a variety of enjoyable, interesting and educational activities.

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

IERC's on site indoor and outdoor activities may include the following:

- Board games
- Video games
- Reading
- Computer
- Television
- Interaction with staff in relation to daily living skills
 - Baking
 - Laundry
 - Assisting Staff
- Interaction with peers in relation to playing board games or watching television
- Specialized activities may
 - Legos
 - Artistic
 - Drawing
 - Coloring
 - Painting
 - Ceramics
 - Holiday related activities
 - Coloring Easter eggs
 - Carving Pumpkins
 - Making cards for family/peers/community
 - Baking

IERC's outdoor on campus activities may include the following:

- Recreation - yard area as well as the local parks and
 - Football
 - Basketball
 - Soccer
 - Skating
 - Scootering
 - Physical activities
 - Running
 - Jumping
 - Swinging (on swing set)
 - Frisbee

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

IERC's outdoor off campus activities may include the following:

- Worship services and activities of the child's choice
- Local Community Events and Activities
 - Concerts
 - Tours
 - Museums
 - Dances
 - Plays
 - Celebration of special events
 - Celebration of holiday events
 - Celebration of historical events
 - Cultural events and activities
 - 5K – walk a thon
- Boys and Girls Club
- YMCA
- Skate Parks
- Swimming
 - Public pools
 - Location University Pool
 - Beaches
 - Lakes
- Fishing
- Hiking
- Camping
- Picnics
- Field trips – school and/or community based
- After school activities
- Bike riding
- Movies
- Shopping
- Amusement parks/venues
- Zoos
- Historical sites
- Gardening activities
- Parks

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

Additionally, IERC identifies and collaborates with local resources to provide LGBTQ and SOGIE activities and opportunities to participate in groups and activities in addition to some of the above such as:

- LGBTQ Community Center; <https://www.lgbtcenters.org/LGBTCenters/Center/6893/San-Bernardino-LGBTQ-Center>
- Local business promoting activities for the LGBTQ community
 - Frugal Frigate Bookstore LGBT Family day
 - LGBTQ Pride activities in Redlands/San Bernardino/Riverside
- Support Groups for the LGBTQ and SOGIE community

IERC will reach out to the Native American Resource Center, <http://wp.sbcounty.gov/dbh/venue/native-american-resource-center/> to find local resources and areas of support and activities.

IERC's activity program will also include activities and opportunities to develop independent living skills and help them have a successful transition into adulthood, that may include:

- Laundry
- Cooking/Baking
 - Food preparation
 - Shopping list
 - Serving/Plating
- Grooming
- Study Skills
- Money Management
 - Budgeting
 - Making purchases
 - Opening of bank account
 - Shopping
 - Comparing prices
- Gardening
 - Flowers
 - Fruit / Vegetables
 - Shrubs, Trees, Plants
- Basic Maintenance
 - Assisting with minor household repairs
- Employment
 - Resume
 - Employment Application
 - Interview

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

- Higher Education
 - College/University/Trade School Application process

(4) Activities designed to support children and nonminor dependents in achieving a successful adulthood.

IERC provides planned individual and group activities for all children. (IERC is only licensed to serve children 6 to 17). Activities are aimed to fulfill the needs of the youth as developed in the CFTM and described in their needs and services plans.

(5) Services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or nonminor dependent, as appropriate.

IERC clinical staff participate in and advocate for the clients placed at IERC in CFTM's as part of the current multidimensional team (child welfare worker, youth and family, service providers, and any client's family members as necessary and appropriate) both as an advocate for the child/family in care as well as a team member helping to create a treatment plan that is in the best interest of that child/family. IERC's clinical team advocates for, supports and encourages the child/family's achievement of permanency/adoption/guardianship as appropriate and makes every effort to establish relationships with family and extended family as indicated. IERC encourages, in all children and families CFTM's, voice and choice in order to create buy in from the family and ownership of their Needs and Service Plan. IERC encourages any family member/friend that is pertinent to the child to attend the CFTM's in order to create the broadest base of support for that child/family as possible as well as to receive input and feedback from those that know the child/family best. It is always IERC's goal to have at least 50% representation by family members/friends on the CFT. These members may not always be biological family members but may also consist of friends/co-workers/teachers/TBS coaches/CASA workers, etc. that the child/family feel represent their best interests. IERC supports and encourages the team approach inherent in the CFT philosophy that no single individual, agency or service provider works independently but rather as a part of the team for decision making. IERC supports and participates in the CFT's mission to include the following interventions which will be conducted by IERC's ICC Coordinator:

- IERC's ICC Coordinator will support and participate in the development/maintenance of a constructive collaboration/advocacy between the child, his family, extended family/friends, providers, and any appropriate child-serving system to create a comprehensive CFT.
- IERC's ICC Coordinator will support and participate in a care planning and monitoring process which ensures that the individual child/families plan is coordinated across all systems to allow that child to be served in his community if at all possible and in the least restrictive setting that can safely support the needs of that child/family.

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

- IERC's ICC Coordinator will support/advocate for, participate in, coordinate, as appropriate, the pieces of the care plan that are applicable to the child/family as they participate in IERC's program as it relates to the CFT care plan across multidimensional systems of care always keeping in mind the core values and intent of the Core Practice Model (CPM) in the following ways: IERC protects the children from any abuse/neglect while maintaining them safely in IERC's residential program during their placement.
- IERC provides needs driven, strength based and family focused services beginning at the time of admission through transition to new placement and may provide aftercare per the CFTM.

IERC provides individualized services to all children/families, tailored specifically to their strengths and needs while in placement and following discharge to ensure a successful transition out of IERC's program.

IERC supports and participates in a multi-agency collaborative approach that is ideally grounded in a strong community base during that child's placement.

- IERC supports and encourages the child/family voice and choice, always listening to their specific needs and responding in as supportive and therapeutic way possible through the CFT process.
- IERC incorporates a blend of formal and informal resources designed to assist the child/family with successful transition that helps to ensure long term success.
- IERC provides culturally competent services that are respectful and supportive of the child/family's specific cultural needs.
- IERC will engage in active efforts to provide services and supports to develop and maintain a Native American child's ties to the child's tribe and tribal community by partnering and collaborating with tribal welfare workers to develop and service plan and to access appropriate resources for the child and the child's family.

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

- 3-5-7 Grief and Loss communication and relationship building program developed by Darla Henry and adopted by IERC is based on three components: (1) the completion of three tasks—clarification of life events, integration of all family memberships, and actualization in belonging to a new family; (2) the answering of five conceptual questions relevant to each child living in placement, Who am I? What happened to me? Where am I going? How will I get there?, and When will I know I belong?; and (3) the use of critical skill elements by IERC staff in the preparation work: engaging the child, listening to the child's words, speaking the truth, validating the child's life story, creating a safe space, going back in time, and recognizing pain as part of the process. By incorporating this model, IERC clinical staff conducts the preparation work which assists the child in grieving losses, formulating self-identity, establishing trust and security through attachments, and building relationships and openness so that child is much more likely to be able to join a family on a permanent basis.
- Trauma Informed Cognitive Behavioral Approach; an evidence-based treatment approach used by all IERC staff that is shown to help children, adolescents, and their caregivers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. The treatment is based on learning and cognitive theories and addresses distorted beliefs and attributions related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experience. This approach also helps parents who were not abusive to cope effectively with their own emotional distress and develop skills that support their children.
- Animal Assisted Pet therapy offers psychological benefits to IERC's children in terms of emotional connections, stress reduction, and reduced feelings of loneliness and/or isolation. This therapy is utilized in partnership with the IERC clinical team to treat social and emotional difficulties and communication disorders.
- Individual/Family/Group therapy will be conducted by IERC's Licensed/pre-licensed Clinical Staff and MSW interns under the supervision of Licensed Clinical Staff. Therapy sessions will be scheduled weekly for at least one hour or more often as needed to respond to increased therapeutic need and/or crisis situations.
- Regularly scheduled CFTMs, coordinated by the IERC designated ICC Coordinator, will focus on the care of each child/family to ensure that their individual/familial needs are being met across the continuum of care. IERC's children and their families have been shown to feel a greater sense of control and accomplishment when short-term goals are met so that positive reinforcement can be achieved. As the child/family experience success, self-image and others' perceptions change. This promotes positive growth and sets the groundwork for the individual, group and family therapy that lead to reunification with family and/or transition to a less restrictive environment.

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

The specific mental health services IERC provides include: assessment; evaluation; collateral services; individual/group/family/animal assisted therapy; medication support facilitation; plan development; case manager services and crisis intervention. The population served often have unplanned events requiring external assistance in order to stabilize and cope with the crisis presented. These crises can be triggered by external events, real or imagined, or internal stimulation and emotion. Crises will be treated by the clinical staff, in conjunction with the residential staff as needed. IERC utilizes a coordinated, developmental and psychobiological approach; addressing attachment issues through a cognitive behaviorally oriented program, taking into account psychodynamic principles associated with how past behaviors, environment and developmental milestones affect current functioning. Present functioning, goal setting, goal evaluation and realistic assessment is a continuous process intended to allow each child to be mindful and aware of internal and external influences. IERC may provide aftercare services as determined through the CFTM.

Individual Therapy: One hour of therapy will be provided at least once weekly and more as often as needed. Individual therapy will also be used to address additional acute issues and immediate crisis intervention. Individual therapy is intended to be an effective intervention to assist each client to: reduce or ameliorate symptoms; develop trust; heal psychological wounds and developmental trauma; express thoughts and feelings in appropriate ways; develop communication skill and behaviors that will assist in getting needs met; develop the ability to know their own needs and get those needs met as well as to develop an understanding of themselves and others. *Assisted Animal Therapy (AAT) may also be utilized to augment individual therapy with the therapy dogs that provide an enhanced therapeutic experience through emotional connection, stress reduction and reduced feelings of loneliness and isolation.*

Group Therapy: will be provided at least twice weekly through Anger Replacement Training (ART) and additional groups conducted to meet the specific emotional needs of the children as warranted. Group therapy is intended to assist two or more clients treated at the same time to: enhance communication skills; teach and model appropriate conflict resolution skills; encourage each client to learn appropriate expressions of feelings and thoughts; improve ability to form and maintain peer relationships and learn social skills; learn to identify and accept differences; understand and develop inter and intra personal skills; heal psychological wounds; develop trust; and assist other group members to accomplish the same goals. Other types of groups can include but are not limited:

- Process
- Anger management
- Sex Education
- Hygiene
- Gender identity/LGBTQ
- Grief and loss
- Attachment/reactive attachment
- Diversity/cultural awareness
- Sexual abuse/molestation

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

Assisted Animal Therapy (AAT) may also be utilized to augment group therapy with the therapy dogs that provide an enhanced therapeutic experience through emotional connection, stress reduction and reduced feelings of loneliness and isolation.

Family Therapy: will be provided to families, who are appropriate and when available, on at least a monthly basis. Family Therapy involves members of the client's family/significant others/caretakers. The goals include but are not limited to: developing and improving family member's ability to relate and communicate to each other in appropriate ways that allow for their needs to be met; identify and provide positive intervention in dysfunctional family patterns, allowing and developing new ways to interact; develop new appropriate behavior patterns that are effective; enable trust and empathy in the family to allow and develop intimacy; assist in recognizing familial needs and teach new ways toward fulfillment for all family members in a holistic manner incorporating all members of the family in a meaningful way.

IERC shall ensure that Indian Children receive core services and support in accordance with the Federal Indian Child Welfare Act. These services shall be in the best interests of Indian children, including culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership and connection to the tribal community and traditions.

IERC is dedicated to developing collaborations that will in turn develop into Memoranda of Understanding (MOU) with specific foster family agencies to provide bridging services for those youths transitioning from STRTP. As those agreements are created and identified, they will be attached accordingly.

IERC identifies and collaborates with local resources to provide LGBTQ, SOGIE, CSEC and Native American Resources, activities and opportunities to participate in groups and activities in addition to some of the above such as:

- LGBTQ Community Center; <https://www.lgbtcenters.org/LGBTCenters/Center/6893/San-Bernardino-LGBTQ-Center>
- Local business promoting activities for the LGBTQ community
 - Frugal Frigate Bookstore LGBT Family days
 - LGBTQ Pride activities in Redlands/San Bernardino/Riverside
- Support Groups for the LGBTQ and SOGIE community
- kids-alliance.org/programs/csec/
- Native American Resource Center, <http://wp.sbcounty.gov/dbh/venue/native-american-resource-center/> to find local resources and areas of support and activities.

PROGRAM STATEMENT

4 – CORE SERVICES AND SUPPORTS

Additionally, IERC identifies and collaborates with local resources to provide LGBTQ and SOGIE activities and opportunities to participate in groups and activities in addition to some of the above such as:

- LGBTQ Community Center; <https://www.lgbtcenters.org/LGBTCenters/Center/6893/San-Bernardino-LGBTQ-Center>
- Local business promoting activities for the LGBTQ community
 - Frugal Frigate Bookstore LGBT Family day
 - LGBTQ Pride activities in Redlands/San Bernardino/Riverside
- Support Groups for the LGBTQ and SOGIE community

IERC will reach out to the Native American Resource Center, <http://wp.sbcounty.gov/dbh/venue/native-american-resource-center/> to find local resources and areas of support and activities.

PROGRAM STATEMENT

5 – TRAUMA INFORMED INTERVENTIONS AND TREATMENT PRACTICES

IERC clinical staff will use Trauma Informed Interventions and practices to help the children in its care and their families, to overcome trauma-related difficulties. IERC's clinical staff uses this approach to promote physical and psychological safety, as well as to enhance the well-being and resilience of its children and their families. IERC's clinical staff, in collaboration with the Child and Family Team (CFT), Transitional Independent Living Program (TILP) and Needs and Services Plan, will use the following trauma informed interventions and treatment practices. Trauma Informed Practices (TIP) are designed to reduce negative emotional and behavioral responses following child sexual abuse, witnessing domestic violence, traumatic loss, and other traumatic events. All IERC staff will utilize TIP in their daily interactions with clients. IERC's clinical team will employ trauma informed practices as well as interventions through the Needs and Services plan as appropriate, and these practices will include but not limited to the following:

- **Anger Replacement Training (ART).** IERC clinical staff will use this evidence-based practice to conduct group focusing on social skill building, moral reasoning and anger management skills; IERC conducts these groups twice weekly or more often as needed.
- **Cognitive Behavioral Therapy (CBT);** IERC clinical staff utilizes CBT to assist clients in solving their current therapeutic issues to help change unhelpful thinking and behavior. CBT is "problem focused" and "action oriented" therefore IERC's therapists can assist its children in selecting specific strategies to help address their problems and can be more directive in their therapeutic approach if necessary.
- **3-5-7 Grief and Loss** is a communication and relationship building program developed by Darla Henry and has been adopted by IERC based on three components: (1) the completion of three tasks—clarification of life events, integration of all family memberships, and actualization in belonging to a new family; (2) the answering of five conceptual questions relevant to each child living in placement, Who am I? What happened to me? Where am I going? How will I get there? and When will I know I belong?; and (3) the use of critical skill elements. IERC clinical staff participate in the preparation work: engaging the child, listening to the child's words, speaking the truth, validating the child's life story, creating a safe space, going back in time, and recognizing pain as part of the process. By incorporating this model, IERC clinical staff conduct the preparation work which assists the child in grieving losses, formulating self-identity, establishing trust and security through attachments, and building relationships and openness so that the child is much more likely to be able to rejoin their family or join a new family on a permanent basis.
- **Trauma Informed Cognitive Behavioral Approach** will be used by IERC clinical staff during individual and group therapy to help children and their caregivers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events. The treatment is based on learning and cognitive theories and addresses distorted beliefs and attributions related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experience. This approach also helps parents who were not abusive to cope effectively with their own emotional distress and develop skills that support their children.

PROGRAM STATEMENT

5 – TRAUMA INFORMED INTERVENTIONS AND TREATMENT PRACTICES

- IERC is committed to the journey to becoming fully trauma informed. IERC refers to it as a journey, because it is an ongoing and evolving process not a checklist that one fills out and can then declare that the work is complete. IERC strives to utilize the following essential elements that are the basis for creating a trauma informed system:
 - A trauma informed approach is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. IERC strives to infuse and sustain trauma awareness, knowledge, and skills into its organizational culture, practice, and policies. IERC acts in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.
 - Maximize physical and psychological safety for children and families
 - Identify trauma-related needs of children and families
 - Enhance child well-being and resilience
 - Enhance family well-being and resilience
 - Enhance the well-being and resilience of those working in the system
 - Partner with youth and families
 - Partner with agencies and systems that interact with children and families
 - Physical safety: Creating a physically safe environment for child and for caregiver
 - Psychological safety: Creating emotional safety for the child- creating an environment in which the child and caregivers can feel safe. Examples: being sensitive to how many times they have to share details of abuse.
 - Identifying trauma related needs: Having appropriate screening and assessment in place for children and their families to identify reactions as well as risks for each individual related to their trauma experience, taking into consideration the developmental stage and cultural considerations of the child and how this intersects with their trauma experience.
 - Enhancing child well-being and resilience: Providing support for the child by having all caregivers who work with that child, understand the impact of trauma as well as connecting these children with appropriate evidence-based treatments to address their trauma and helping them to develop tools to address their symptoms and to form positive supportive relationships.
 - Enhance family well-being and resilience: Understanding the inter-generational nature of trauma and supporting families in addressing their own trauma histories. In addition, helping them develop skills and tools to support their children in recovery.

PROGRAM STATEMENT

5 – TRAUMA INFORMED INTERVENTIONS AND TREATMENT PRACTICES

- Enhance the well-being and resilience of IERC’s clinical staff who are working with our children and families: Acknowledging that working with trauma exposed individuals has an impact on staff and continuing to develop ways to educate and support staff on how to address these impacts so that they can continue to support the children and families with whom they work.
- Partner with youth and families: Recognizing that IERC’s children and families who have experienced trauma and actively interact with the child welfare system, offer a wealth of expertise and knowledge about the strengths and challenges of the system.

IERC will provide Trauma Informed Practice (TIP) training, by a qualified Licensed practitioner, i.e. LCSW and/or MFT, who has been fully trained in Trauma Informed Practices, to staff for a minimum of 2 hours per year and more often as needed. IERC will ensure that this training will be translated into the program as an effective trauma informed service to our children through the following: evaluation, supervision, retraining as necessary and refresher courses as needed.

IERC clinical staff will assess each client’s observable behavioral responses and the subsequent effectiveness of Trauma Informed Practice (TIP) as necessary through the utilization of the CANS-SB assessment tool (*See Appendix C; CANS – San Bernardino*). Clinical staff will utilize the information gathered from the CANS-SB assessment to address clinically any specific behaviors an individual child may be experiencing due to said trauma. Children’s observable cognitive behavioral responses to trauma include but are not limited to:

- Poor verbal skills
- Memory problems
- Difficulty focusing/learning in school
- Learning disabilities
- Poor skill development
- Excessive temper/anger
- Demand attention through both positive and negative behaviors
- Regressive behaviors
- Aggressive behaviors
- Act out in social situations
- Imitate the abusive/traumatic event
- Verbally abusive
- Scream or cry excessively
- Startle easily
- Unable to trust others or make friends
- Believe they are to blame for the traumatic experience
- Fear adults who remind them of traumatic event

PROGRAM STATEMENT

5 – TRAUMA INFORMED INTERVENTIONS AND TREATMENT PRACTICES

- Fear being separated from parent/caregiver
- Anxious/fearful/avoidant
- Show irritability, sadness and anxiety
- Act withdrawn
- Lack self-confidence
- Poor appetite, low weight, and/or digestive problems
- Stomachaches and headaches
- Poor sleep habits
- Nightmares or sleep difficulties
- Wet the bed or self after being toilet trained or exhibit other regressive behaviors

IERC's clinical treatment team will ensure that all trauma informed interventions and treatment practices will be consistent with the needs and services plans for all children placed at IERC. If a child placed at IERC were to reach the age of 16 to 18 and became a Transition Aged Youth (TAY) and was still compatible with the needs of IERC's core population of latency age children due to being on the autism spectrum or having developmental delays, IERC would ensure that those children would be enrolled in and, participate in all appropriate transition services for youth including Transitional Independent Living Programs (TILP).

PROGRAM STATEMENT**6 – DEVELOPMENT, REVIEW, IMPLEMENTATION AND MODIFICATION OF NEEDS AND SERVICES PLANS.**

IERC will create a needs and services plan that is trauma informed, culturally relevant, age and developmentally appropriate and shall identify the children's needs in the following areas:

- Reason for placement
- Be consistent with the case plan prepared by the county placing agency, if provided. If a case plan is not received, IERC shall document attempts made to obtain the case plan in the child's needs and services plan.
- Identify the individual core services and supports the child requires as well as all types of services necessary including: mental health services, permanency and transition services.
- Consider recommendations from the CFT.
- Include a family reunification/permanency plan;
- Educational needs of child:
- Personal care and grooming needs: All IERC staff will provide affirmation of LGBTQ and gender non-conforming youth through clothing, grooming and hygiene products.
- Ability to manage his own money including the maximum amount of money the child is permitted to have in his possession at any one time.
- Visitation, frequency and any other limitations on visits to the family residence and other visits on the inside and outside of the facility.
 - Visitation shall not be cancelled or used as a punishment if a child is not following his program guidelines.
 - Other specific services, including necessary services to the child's parents or guardians.
- IERC's ability to provide the necessary services based upon the information provided in the plan of operation.
- Anticipated duration of treatment and placement
- Financial arrangements for provisions of services to the child.

Within the first thirty (30) days of placement a Needs and Services Plan along with a Child/Adolescent Needs and Strengths (CANS) assessment will be conducted with the child by a member of the IERC Clinical Treatment Team. (Please see definition of the CANS Assessment in section 1-Population to be Served) The Child/Adolescent Needs and Strengths Assessment outcomes/scores will be evaluated regularly to ensure therapeutic services are meeting the individual treatment needs of the child as assessed at the time of placement and will follow a time-frame/plan for transitioning the child to a less restrictive family environment. It is anticipated that after transition out of IERC's program, all youth will be in a less restrictive family environment within 90 days of said transition. If it is not possible to transition the youth within 90 days a CFTM will be conducted to determine any additional time needed for transition. CANS assessments will be completed every 90 days or more often as needed to determine therapeutic growth and preparedness for safe transition into a less restrictive environment. The child and his representative will review and sign the Needs and Services plan. IERC Needs and Services plans are developed in accordance with Title 22 and will be reviewed every 30 days. The facility clinical staff evaluates each child and if applicable, a Psychiatrist, collaboratively to determine and develop the child's Needs and Service plan. Needs and services plans are reviewed every 30 days or more often as necessary by the CFT in regularly scheduled CFTMs.

PROGRAM STATEMENT

6 – DEVELOPMENT, REVIEW, IMPLEMENTATION AND MODIFICATION OF NEEDS AND SERVICES PLANS.

- Child will work on and review progress in weekly individual therapy sessions as well as daily in the milieu; as their progress is logged daily.
- Familial goals will be addressed in individual and family therapy sessions as applicable.
- IERC will support the reasonable and prudent parent standard throughout all areas of Needs and Services Plan development.
- Review of the Needs and Services plan will occur every 30 days or more frequently as needed within the context of the CFTM. These reviews will also identify the anticipated duration of treatment and provide a time frame for transitional a child to a less restrictive family environment that will be discussed in the CFTM.

Procedures for implementation and modification on/or before the 30-day review date; implementation occurs through;

- Children's individual program goals
- CFTMs
- Individual therapy sessions
- Group Therapy
- Family Therapy
- Milieu Therapy

IERC's program and clinical treatment team is committed to ensuring that every child be treated as normally as possible with in its therapeutic setting. Therefore, IERC is mindful of and wholeheartedly supports the importance of the reasonable prudent parent standards and strives to create as much normalcy for the children in its care in order to encourage their emotional and developmental growth. By allowing the youth to engage in what would be considered typical childhood activities, as age appropriate, this growth can be enhanced through the following opportunities;

- Play a sport of their choice
- Participate in extracurricular activities of interest
- Overnight activities
- Having friends/sleepovers or planned outings as age appropriate
- Unsupervised time as age appropriate
- Youth directed activities
- Extracurricular enrichment, cultural and social activities as age appropriate.
- Have access to family functions. Have access to phone usage.
- Allowed to travel with other youth or adults as age appropriate.
- Receive public recognition for accomplishments
- Participate in school or after school clubs; theatre, choir, band, chess club, skiing, tennis, etc.
- Participate in community events. Allow child to experience circumstances without direct supervision, such as movies, mall, athletic events, dating, part time employment, baby sitting and social outings with friends as age appropriate.

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

IERC provides planned individual and group activities for all children. Activities are aimed to fulfill the needs of the youth as described in their needs and services plans, as is determined through the CFT process and the youth's individual input. The program is designed to meet the child's needs and provide the ability for the youth to participate in activities and groups that recognize their interests, culture and diversity. IERC identifies and collaborates with local resources to provide a variety of enjoyable, interesting and educational activities.

IERC's on site indoor and outdoor activities may include the following:

- Board games
- Video games
- Reading
- Computer
- Television
- Interaction with staff in relation to daily living skills
 - Baking
 - Laundry
 - Assisting Staff
- Interaction with peers in relation to playing board games or watching television
- Specialized activities may
 - Legos
 - Artistic
 - Drawing
 - Coloring
 - Painting
 - Ceramics
 - Holiday related activities
 - Coloring Easter eggs
 - Carving Pumpkins
 - Making cards for family/peers/community
 - Baking

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

IERC's outdoor on campus activities may include the following:

- Recreation - yard area as well as the local parks and
 - Football
 - Basketball
 - Soccer
 - Skating
 - Scootering
 - Physical activities
 - Running
 - Jumping
 - Swinging (on swing set)
 - Frisbee

IERC's outdoor off campus activities may include the following:

- Worship services and activities of the child's choice
- Local Community Events and Activities
 - Concerts
 - Tours
 - Museums
 - Dances
 - Plays
 - Celebration of special events
 - Celebration of holiday events
 - Celebration of historical events
 - Cultural events and activities
 - 5K – walk a thon
- Boys and Girls Club
- YMCA
- Skate Parks
- Swimming
 - Public pools
 - Location University Pool
 - Beaches
 - Lakes
- Fishing
- Hiking
- Camping
- Picnics
- Field trips – school and/or community based

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

- After school activities
- Bike riding
- Movies
- Shopping
- Amusement parks/venues
- Zoos
- Historical sites
- Gardening activities
- Parks

Additionally, IERC identifies and collaborates with local resources to provide LGBTQ and SOGIE activities and opportunities to participate in groups and activities in addition to some of the above such as:

- LGBTQ Community Center; <https://www.lgbtcenters.org/LGBTCenters/Center/6893/San-Bernardino-LGBTQ-Center>
- Local business promoting activities for the LGBTQ community
 - Frugal Frigate Bookstore LGBT Family day
 - LGBTQ Pride activities in Redlands/San Bernardino/Riverside
- Support Groups for the LGBTQ and SOGIE community

IERC will reach out to the Native American Resource Center, <http://wp.sbcounty.gov/dbh/venue/native-american-resource-center/> to find local resources and areas of support and activities.

IERC's activity program will also include activities and opportunities to develop independent living skills that may include:

- Laundry
- Cooking/Baking
 - Food preparation
 - Shopping list
 - Serving/Plating
- Grooming
- Study Skills
- Money Management
 - Budgeting
 - Making purchases
 - Opening of bank account
 - Shopping
 - Comparing prices

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

- Gardening
 - Flowers
 - Fruit / Vegetables
 - Shrubs, Trees, Plants
- Basic Maintenance
 - Assisting with minor household repairs
- Employment
 - Resume
 - Employment Application
 - Interview
- Higher Education
 - College/University/Trade School Application process

Activities Schedule

This schedule is a basic outline that is posted for all children to see monthly. IERC provides activities, outings, enrichment, specialty groups/outings/activities to fit the individual and needs of the child while within a group. IERC is a group care facility and therefore not every specific activity is for every child. IERC notes times of free time/outings/activities and will ensure that all children have the opportunity to participate in these; individually listing them is not prudent as it can be seen by the children as a trigger and/or punitive. For instance, should there be a Beach outing set for Saturday; not all children may be able to attend due to family visitations. Therefore, it is intended to be fluid, and if there are individuals that have family visitation; an alternate activity/outing will be provided to those to accommodate and not interfere with their visit. IERC wants to ensure that visitations and any additional court ordered activities are of the utmost importance and priority.

PROGRAM STATEMENT
7 – PLANNED ACTIVITIES

<u>MON</u>		<u>TUE</u>		<u>WED</u>	
6:30a-7:30a	Wake Up/Morning Routines/Hygiene/Dress/Meds	6:30a-7:30a	Wake Up/Morning Routines/Hygiene/Dress/Meds	6:30a - 7:30a	Wake Up/Morning Routines/Hygiene/Dress/Meds
7:30a-8:30a	Breakfast	7:30a-8:30a	Breakfast	7:30a - 8:30a	Breakfast
7:50a-8:40a	To School Transport	7:50a-8:40a	To School Transport	7:50a - 8:40a	To School Transport
1:50p-3:45p	Return School Transport/ Snack / House Meeting /Meds	1:50p-3:45p	Return School Transport/ Snack / House Meeting /Meds	1:50p - 3:45p	Return School Transport/ Snack / House Meeting /Meds
4p-5:30p	Home Work Club / Therapy Groups / Individual Therapy / Free Time	4p-5:30p	Home Work Club / Therapy Groups / Individual Therapy / Free Time	4p-5:30p	Home Work Club / Therapy Groups / Individual Therapy / Free Time
5:30p	Dinner	5:30p	Dinner	5:30p	Dinner
6:30p-7:30p	Free Time/Showers / Meds	6:30p-7:30p	Free Time/Showers / Meds	6:30p - 7:30p	Free Time/Showers / Meds
7:40p-9p	Bedtime	7:40p-9p	Bedtime	7:40p -9p	Bedtime

PROGRAM STATEMENT
7 – PLANNED ACTIVITIES

<u>THU</u>		<u>FRI</u>		<u>SAT</u>	
6:30a-7:30a	Wake Up/Morning Routines/Hygiene/Dress/Meds	6:30a-7:30a	Wake Up/Morning Routines/Hygiene/Dress/Meds	7a-8a	Wake Up/Morning Routines/Hygiene/Dress/Meds
7:30a-8:30a	Breakfast	7:30a-8:30a	Breakfast	8a-9p	Breakfast
7:50a-8:40a	To School Transport	7:50a-8:40a	To School Transport	9:10a-12p	House Meeting/Meds/Outing and/or activity
1:50p-3:45p	Return School Transport/ Snack / House Meeting /Meds	1:50p-3:45p	Return School Transport/ Snack / House Meeting /Meds	12p	Lunch
4p-5:30p	Home Work Club / Therapy Groups / Individual Therapy / Free Time	4p-5:30p	Home Work Club / Therapy Groups / Individual Therapy / Free Time	12:30p-5:30p	Free Time/Outings and/or activities Visitations
5:30p	Dinner	5:30p	Dinner	5:30p	Dinner
6:30p-7:30p	Free Time/Showers / Meds	6:30p-7:30p	Free Time/Showers / Meds / Late Night Reward	6:30p-7:30p	Free Time/Showers / Meds / Visitations
7:40p-9p	Bedtime	7:40p-9p	Bedtime	8p-9p	Bedtime

<u>SUN</u>	
7a-8a	Wake Up/Morning Routines/Hygiene/Dress/Meds
8a-9p	Breakfast
9:10a-10a	House Cleaning/Chores/House Meeting
10a-12p	Free Time/ Outings and/or activities
12p	Lunch
12:30p-5:30p	Free Time/Outings and/or activities Visitations/ Meds
5:30p	Dinner
6p-7p	Free Time/Showers / Meds
7:30p-9p	Bedtime

PROGRAM STATEMENT**7 – PLANNED ACTIVITIES**

IERC will maintain and implement a written plan to ensure that indoor and outdoor activities include but are not limited to the following provided for all children and as age appropriate, the children will be involved in developing any planned activities in which they are involved; they may include but are not limited to the following:

- Activities that require group interaction;
- Planned recreational activities to encourage socialization;
- Physical activities including but not limited to: games, sports and exercise;
- Appropriate use of unstructured/leisure time;
- Educational activities including attendance at an educational program in accordance with State law and supervision of after school study (Please see Homework club section);
- Educational services and remediation;
- Activities that meet the training, money management, and personal care, grooming needs, and any other independent living skills identified in the child's needs and services plan. Prevocational or vocational counseling;
- The development of community support systems for children to maximize utilization of non-mental health community services and other resources;
- Use of the residential environment to assist children in the acquisition, testing, and refinement of community living and interpersonal skills;
- Where appropriate, IERC may contract with and supervise a volunteer program to assist and/or expand mental health treatment services and scheduled activities;
- Each child who is capable shall be given the opportunity to participate in the planning, preparation, conduct, cleanup and critique of planned activities;
- Each child who is capable shall be given the opportunity to participate in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities which may include but are not limited to the following:
 - Worship services and activities of the child's choice;
 - Community events including but not limited to: concerts, tours, dances, plays, and celebrations of special events;
 - Outdoor adventure clubs; Redlands Boys and Girls Club; YMCA basketball and swimming, Skate park, Ford Park, Sylvan Park, Market Night, Bike classics, hiking at Forest Falls, Beach outings, U of R Swimming, football games, Knott's Berry Farm, Sea World, etc.
 - Sports, football, basketball, soccer as age appropriate
 - School or after school activities such as band, dances and field trips;
 - Leisure time such as bike riding, socializing with friends, shopping, and going to the movies @ Harkins Theatre;
 - Farm and gardening activities;
 - Overnight activities lasting one or more days such as sleepovers with friends;
 - Having visitors in the facility;
 - Use of computer equipment, internet as age appropriate;
 - computer equipment made available to other children in the facility should be available to a child of similar age and maturity;
 - IERC is not required to incur a cost to provide computer availability.
 - Babysitting as age appropriate;
 - Dating as appropriate;
 - Access to information regarding obtaining a California Driver's license as age appropriate.

PROGRAM STATEMENT**7 – PLANNED ACTIVITIES**

Each child is responsible to make their bed, ensure their cabinets and shelves are orderly, fold their clothes, vacuum their bedroom floor, clean their bathroom. Staff will always supervise and assist each child with their responsibilities. TV room rules should be followed and maintained at all times to ensure safety continuity of care.

The program has room cleaning contests and chore prizes implemented to give the children opportunity to earn special prizes, outings, food, etc. Children may watch TV, listen to radio, play the computer, board games, etc. during designated times. Children on Level 4 or 5 may use the Honor Room during designated times. Electronic devices are kept locked in a designated area for safe keeping. Children will dress appropriately and each child will wear their own clothing and will be given the appropriate amount of clothing required. Children attending Non-Public school will wear collared shirts and belts. Children attending public school will dress appropriately following district dress code. Children are required to wear pajamas to sleep. Each child has designated laundry days twice weekly or more often as needed. Staff will sort and launder the children's clothing. Children of High School age shall be given direction, support and encouragement to complete Independent Living Skills (ILP) such as: laundry; meal preparation; car washing; basic yard maintenance etc. Children are compensated an additional \$5 in allowance per ILP activity up to 3 per week.

School may be extremely stressful for the children in our care. Many of the children may be behind grade level and/or have learning disabilities, thus having an Individual Education Plan (IEP); supported by the school district and IERC. Children are required to dress appropriately for school and follow all dress code policies. Children attend various public or nonpublic elementary, middle or high schools; some attend county school, nonpublic school or home teaching. School transport leaves and arrives at various times depending on the school. Children will always be given time for and assistance with their homework.

Planned educational activities and services are provided to all children in placement that include the following:

- Special education
- Use of public and private schools.
- Tutoring

HOMEWORK CLUB

Children will attend HOMEWORK CLUB (HC) in the designated area upon arriving from school; after medications and when called by the HC Staff. All children attending public school will have a minimum 20 minutes in homework club regardless if they have homework. Children attending elementary school must bring their school agenda and/or school behavior report. HC Staff has access to most middle and high school student's homework and grades via computer school links. Children who fail to have their agenda or school behavior forms and/or refuse Homework Club will not earn a school star. Homework will be completed before any free time. HC Staff must check completed homework before the child may be excused for free time or the next routine. Completed homework will be placed in the child's back pack and stored for the following school day.

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

IERC participates in educational activities including but not limited to the following:

- Student Success Academy (SSA) through the University of Redlands, once per month. Each month there is a different theme and they may include, science, history, art, music, environment to name a few.
- Student Success Academy (SSA) through the University of Redlands as IERC's summer school program. This program provides 5 days per week, for 6 weeks; academic support including, math, science, reading, writing, music, art and sports.
- Smiley Library in Redlands, exposes the children to books, authors, writing, history, etc.
- San Bernardino County Museum, allows the children exposure to history, artifacts, science, etc.

IERC will provide and/or facilitate individualized youth directed activities whenever possible and as age appropriate in order to meet Core Services; which may include but are not limited to the following:

- Basic living skills.
- Laundry.
- Cooking.
- Yard maintenance.
- Socialization skills.
- Unsupervised time (with County Social Worker approval).
- Unsupervised socialization community time (with County Social Worker approval) if necessary.
- Prudent parent activities; i.e., school field trips, social activities, scouting, sleep overs with friends, etc (with CFT involvement).

Children have participated in local sports programs, boys and girls club, church activities, etc. Educational activities are an important part of the core services; it assists in building self-esteem, accomplishment and socialization. Children are asked for suggestions of what they would like to participate and those requests are reviewed and if possible and appropriate facilitated.

IERC provides on grounds therapeutic activities that include individual and group therapy. Staff teach clients basic living and independent skills, including cooking, laundry, yard maintenance, personal hygiene, socialization skills, etc.

Clients of IERC may have family time on grounds as appropriate and authorized. Many children also have TBS (Therapeutic Behavioral Services) where an individual is on grounds to work one on one with the children on his specific needs.

IERC has a garden area and the children are encouraged with staff support and supervision to plant vegetables and plants.

IERC has retained student volunteers from the University of Redlands who visit on grounds and provide yoga and other health activities for the children.

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

IERC offers clients the opportunity to participate in cultural enrichment activities which are designed to enhance the experience of IERC's culturally diverse community that may include but is not limited to, the LGBTQ and Indian/Tribal children;

- Inclusion activities,
- Welcoming activities,
- Safety/Support groups,
- Embracing diversity groups;
- Artistic expression activities,
- Diversity celebration activities;
- Access to informational materials, movies, books, etc.
- Activities to support creation of youth self-expression of clothing, jewelry, hair styles, room décor and friends.

Arts and Crafts and board games are also provided to help improve dexterity, expression and personal achievement. Staff is encouraged to make suggestions, give input and utilize their inventiveness.

Outings and public activities can be planned in advance and will be noted on the **Activity Calendar**. There are several pre-approved outings that Facility Managers may send staff and children on that are within a 25-mile radius and are inexpensive. **Any outings or activities that take staff and children outside the 25-mile radius must be approved in advance by the Administrator. Administrator must approve outings or Activities costing in excess of \$50 dollars in advance.** Recreation and exercise is important for the children. Recreation may include, bike riding, walking, jogging, calisthenics, kickball, basketball, running, scooter/skateboard, supervised outdoor games, utilizing the local parks, etc. IERC encourages individual coordination, sportsmanship and teamwork. Children may also have the opportunity to play in community sports such as Basketball and Football.

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

Outings and public activities can be planned in advance and will be noted on the **Activity Calendar**. There are several pre-approved outings that Facility Managers may send staff and children on that are within a 25-mile radius and are inexpensive. **Any outings or activities that take staff and children outside the 25-mile radius must be approved in advance by the Administrator. Administrator must approve outings or Activities costing in excess of \$50 dollars in advance.** Recreation and exercise is important for the children. Recreation may include, bike riding, walking, jogging, calisthenics, kickball, basketball, running, scooter/skateboard, supervised outdoor games, utilizing the local parks, etc. IERC encourages individual coordination, sportsmanship and teamwork. Children may also have the opportunity to play in community sports such as Basketball and Football.

IERC will utilize all educational services and activities at its disposal which may include but is not limited to the following:

- Special education
- Use of public or private schools
- Tutoring if applicable
- Providing a safe learning environment for the lesbian, gay, bisexual, transgender, and queer/questioning, and gender expansive children and youth activities. IERC is committed to general advocacy for LGBTQ and gender non-conforming children in the community, at school and wherever support is needed.

Facility Managers are responsible to schedule outings; assigning staff, children and monies to a pre-determined destination. Staff may not veer from set outings without the Facility Manager approval. The Activity Calendar must be updated monthly and all scheduled outings and activities must be noted on this calendar. IERC will provide LBGTQ children access to peer support groups, community activities, alliances etc. as is age-appropriate.

Children are eligible to attend an outing if they are a Level 3, Level 4 or Level 5. However, behavior and outing restriction must be considered. Children on IC or Level 2 may not attend any outings unless specifically authorized by Administration.

Facility Managers will ensure that medications with instructions are sent with those children on outings during distribution times. Staff accompanying the children must ensure medications are dispensed as instructed by the Facility Manager. If there are any questions or concerns, staff should contact the Facility Manager immediately.

A lifeguard or water safety certified individual must be present during any outing that consists of a body of water.

Ideally there are two or three outings scheduled over the weekend. These outings may have a cost attached. Children are given allowances on a weekly basis and may use those monies for and on the outings scheduled. Many times, outings will consist of parks and/or recreation facilities. There may also be outings scheduled to the movies, skating facilities, arcade, sports arenas, local stores (Target, Wal-Mart, 99 Cent, Mall, etc.)

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

OUTINGS – ALLOWANCE PROTOCOL

- Children should be informed of where they are going and for how long. Children must be told what the expectation is of them individually and as a group. *For example, if you are going to a store; the expectation should be no wandering, group staying together, aisle by aisle, paying cashier as a group; all purchases need to be approved by staff, etc.* The children must also be explained the expectation and rules of riding in the vehicle. Children may need to be reminded frequently of the expectations.
- Children should be dressed appropriately for the outing scheduled, i.e., has proper shoes, jacket, bathing suit, towel, etc.
- Children must be appropriately transitioned from the facility to the vehicle, from the vehicle to the destination, from the destination to the vehicle and from the vehicle to the facility. Staff MUST sign children in and out whenever taking them off grounds.
- Staff is required to obtain any receipts and return unused monies given them from petty cash for the outings to the Facility Manager upon return to the facility. Staff may be responsible for lost receipts and or cash if they are at fault.
- Children's purchases may need to be logged in their personal property inventory and/or initialed. In these cases the items purchased need to stay in the care of the staff until they return to the facility. *Staff accompanying the outing must ensure appropriate items are purchased; if a staff is unsure, observe the most restrictive rules*
- Staff must ensure children are being directly supervised at all times during the outing. Children may never be left in an unattended vehicle and are not permitted to wander without direct supervision through stores or park facilities, etc.
- Staff must ensure each individual riding in the vehicle is in an individual seat and has a seat belt fastened.
- Staff must complete a visual check of the vehicle. Staff will check the vehicle log and cell phone out with the Facility Manager and log date, mileage, destination and initial before and after each use. Staff must ensure upon returning to the facility there is at least 1/4 tank of gasoline in the vehicle whenever possible. *Staff must ensure they return the vehicle keys and log book to the FM upon return to the facility.* Staff is expected to be lawful at all times.
- Staff may not to text, talk on the phone while driving and must observe all traffic regulations. Staff are responsible for any fines, citations and penalties they receive if deemed at fault.
- There is no open food or drink allowed in the vehicles for consumption except for water. Any foods being transported, for instance, to the park, must be secured. Children must finish their food items and properly dispose of their trash prior to entering the vehicle. Staff must ensure that upon return, all items are taken out of the vehicle, windows are up and vehicle is locked.
- Staff must ensure that any trash/debris are cleaned out of the vehicles after every use.

Staff accompanying children on outings is responsible for their safety and security while on the outing. Staff should voice any concerns regarding the children assigned for an outing to the Facility Manager prior to leaving the facility.

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

- One Staff member should take no more than 4 residents on an outing. Staff members employed less than 30 days may be accompanied by a more experienced staff member. When two or more staff members are in one vehicle, the staff not driving must sit in the middle or back seat. This is to provide optimum supervision and to ensure the children's behavior is appropriate as well as to avoid any number of issues. When one staff member is accompanying multiple children (should be no more than 4) they must assign the seating to the best of their ability based on children's ages and level of functioning to minimize any horseplay, etc.
- Children should be informed of where they are going and for how long. Children must be told what the expectation is of them individually and as a group. For example, if you are going to a store; the expectation should be no wandering, group staying together, aisle by aisle, paying cashier as a group; all purchases need to be approved by staff, etc. The children must also be explained the expectation and rules of riding in the vehicle. Children may need to be reminded frequently of the expectations.
- Children should be dressed appropriately for the outing scheduled, i.e., has proper shoes, jacket, bathing suit, towel, etc.
- Children must be appropriately transitioned from the facility to the vehicle, from the vehicle to the destination, from the destination to the vehicle and from the vehicle to the facility. Staff **MUST** sign children in and out whenever taking them off grounds.
- Staff is required to obtain any receipts and return unused monies given them from petty cash for the outings to the Facility Manager upon return to the facility. Staff may be responsible for lost receipts and or cash if they are at fault.
- Children's purchases may need to be logged in their personal property inventory and/or initialed. In these cases, the items purchased need to stay in the care of the staff until they return to the facility. Staff accompanying the outing must ensure appropriate items are purchased; if a staff is unsure, observe the most restrictive rules.
- Staff must ensure children are being directly supervised at all times during the outing. Children may never be left in an unattended vehicle and are not permitted to wander without direct supervision through stores or park facilities, etc.
- Staff must ensure each individual riding in the vehicle is in an individual seat and has a seat belt fastened.
- Staff must complete a visual check of the vehicle. Staff will check the vehicle log and cell phone out with the Facility Manager and log date, mileage, destination and initial before and after each use. Staff must ensure upon returning to the facility there is at least 1/4 tank of gasoline in the vehicle whenever possible. Staff must ensure they return the vehicle keys and log book to the FM upon return to the facility. Staff is expected to be lawful at all times. Staff may not text, talk on the phone while driving and must observe all traffic regulations. Staff are responsible for any fines, citations and penalties they receive if deemed at fault.
- Children will be encouraged to finish their food items and properly dispose of their trash prior to entering the vehicle. Staff must ensure that upon return, all items are taken out of the vehicle, windows are up and vehicle is locked.

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

- Staff must ensure that any trash/debris are cleaned out of the vehicles after every use. If any issues occur during the outing there are several options staff may utilize.
- Call the facility and ask for Facility Manager Assistance and support; call upon additional staff to the outing, etc.
- End the outing and return to the facility immediately.
- Call law enforcement if necessary.
- In the event of a medical emergency, child safety is paramount and the use of emergency services should be utilized. A medical release form for each child is located in the vehicle log binder. Each vehicle is also equipped with a first aid kit.
- In the event an automobile accident occurs; child safety is paramount and the use of emergency services should be utilized if necessary. Staffs are required by state law to exchange vehicle and insurance information with any other parties involved and must call the Facility Manager and/or Administrator immediately and report any accident. Vehicle registration and insurance information as well as accident reports are located in the vehicle log binders.
- In the event an automobile becomes disabled, staff must immediately call the Facility Manager for direction on how to resolve the issue.
- Staff must ensure they have their personal identification and IERC employee identification on their person whenever on an outing to properly identify him or herself.
- Staff may not use IERC vehicles for any personal and non-work-related transportation. Staff may not take children to their home or that of any family member or friend.
- Staff must utilize common sense and ensure to the best of their ability that children do not steal, wander, fight amongst each other or with others and conduct themselves in an appropriate manner.
- Staff must ensure that they comply with all IERC policies, procedures, protocols, guidelines, etc.
- Staff is expected to conduct themselves in a professional and courteous manner at all times.
- Staff must have IERC employee identification as well as their personal identification on them at all times.

Facility Managers are responsible to ensure that all allowances are signed out/initialed out by the Child and any allowances returned from the outing are signed back in and initialed by the child. Staff is responsible to ensure children do not purchase contraband or inappropriate items while on any outing. Staff must ensure that when children are purchasing items they are monitoring the transaction. Children that are approved to carry their own allowance must return any change to staff so that upon return to the facility it can be reentered into their allowance pouch. However, children are responsible for their monies once they have signed/initialed it out from a Facility Manager. Extracurricular, enrichment, cultural and social activities may include but are not limited to the following:

- Worship services
- Community events, including LBGTQ children and youth activities; Cultural events
- Outdoor adventure clubs
- School and afterschool activities
- Movies, framing, gardening

PROGRAM STATEMENT

7 – PLANNED ACTIVITIES

- Overnight activities (if appropriate and approved by the CFT)
- Babysitting (if appropriate and approved by the CFT)

PROGRAM STATEMENT**8 – SERVICES DURING PLACEMENT AND POST PERMANENCY**

IERC regularly utilizes formal and informal supports provided by professionals and non-professionals in the provision of services and is a major facet of IERC's approach to providing comprehensive and coordinated mental health services that integrates case management services, through the identification, coordination, linkage to/finding of extended family, community resources (both formal and informal). These case management services are directly and clearly tied to the child/families individualized plan, specific treatment goals, placement and post-permanency goals. IERC is always searching for new ways to connect the child and their family with the community to collaborate and create partnerships that benefit its clients during and after placement. IERC currently works collaboratively with numerous formal and informal community partners that include but are not limited to:

- San Bernardino and Riverside County DBH
- San Bernardino, Riverside, Humboldt, Kern, and San Diego County CFS
- San Bernardino, Orange and San Diego Adoption Assistance Programs
- East Valley SELPA; Redlands Unified School District
- Rim of the World Comfort Pets – Animal Assisted Therapy providing supplemental therapeutic support to children/families in placement.
- CASA Program, providing mentoring and support while children go through the CFS system.
- Local churches provide spiritual support and annually provide holiday parties/meals/treats for Easter, Thanksgiving, and Christmas.
- Crafton Hills College ASB, provides a yearly Christmas party for IERC's boys for the past 25 years.
- University of Southern California MSW program partner with IERC and provide MSW interns to work therapeutically with IERC's children/families under the supervision of IERC's Licensed Clinician's supervision for past 15 years.
- University of Redlands (U of R); Fraternities act in the capacity of Big Brothers/mentors providing recreation, activities/support for the boys in care.
- Homework Club: Upper division education students provide tutoring through a formal grant, Student Success Academy to the University of Redlands through the San Bernardino County Superintendent of Schools. Student Success Academy also facilitates workshops one Saturday a month as well as a 6-week summer school program for the clients of IERC.
- University of Redlands volunteers provide companionship/mentoring to boys while completing their community service hours.
- University of Redlands students complete Work Study internships and participate in more formalized undergraduate internships through their specific majors.
- Redlands Police Department provides mentoring and visits with the boys to develop positive relationships with the local law enforcement.
- TBS workers from all IERC's DBH Partners provide much needed ancillary support for those boys with extra needs.

PROGRAM STATEMENT

8 – SERVICES DURING PLACEMENT AND POST PERMANENCY

- Local Boy Scout troops partner with IERC to provide outdoor experiences.
- Local Girl Scout troops wrap Christmas presents and stuff stockings for boys annually.
- State and local Tribal Representatives.
- Redlands High School Students provide friendship/activities with the boys.
- Redlands Boys and Girls Club provide weekly activities for the boys.
- Junior All-American Football Program provides coaching and support in a team setting.
- Redlands Baseball for Youth Program (RBY) provides coaching and support in a team setting.
- Redlands YMCA-Basketball/Sports Camps/Camping
- The Rochford Foundation's Burrage Mansion provides its beautiful location for boy's activities and IERC's annual Halloween carnival and Christmas party.
- Local families provide opportunities for the boys to befriend their children and invite them into their homes for healthy community interactions with friends from school under the Prudent Parent Standard.
- IERC encourages families/relatives to identify members of their communities (extended family/members of their spiritual community/friends and neighbors etc.) to be a part of their support system while their child is placed with IERC.

IERC is a strength-based program that currently: supports and demonstrates the Core Practice Model; utilizes the CANS-SB assessment tool to develop an effective treatment plan; collaborates with its partners in providing mental health services to its clients through CFT/CFTM; provides and tracks outcomes through the California Benchmarking Initiative (CBI) or similar outcome-based program and participates in and facilitates Intensive Care Coordination during discharge planning.

Through County DBH contracts, IERC will monitor and provide support to its client's and their families after discharge to ensure a smooth and safe transition/stabilization while adjusting to a lower level of care appropriate to that child's needs as determined by the CFT which will be conducted before child is discharged.

IERC's mental health clinical team will provide after care services for no less than 30 days to all discharged youth that require these services as determined in by the CFTM. IERC will provide post discharge services by qualified clinicians, including but not limited to the following;

- Therapeutic transition support services;
- Telephonic therapeutic support services;
- In home individual and family therapy sessions;
- Therapeutic crisis intervention services;
- Any additional therapeutic services deemed necessary per the CFT.

When a discharge date is determined through the child's CFT, the following timelines will be observed;

- Upon discharge, a CFT will be conducted within the first 30 days after child transitions to new placement, to assess stability and placement appropriateness as well as to determine if continued IERC therapeutic services are needed;
- If the CFT determines that continued IERC therapeutic services are necessary, those clinical services will be provided for up to 90 days after discharge from IERC's program. If additional IERC therapeutic services are deemed necessary after 90 days, then an additional CFT will be conducted to determine how long additional services will be needed.

PROGRAM STATEMENT

8 – SERVICES DURING PLACEMENT AND POST PERMANENCY

There is an emphasis at placement on discharge planning and on providing, as much as is possible, a shorter length of stay while fully utilizing community services, activities and events. These activities will be jointly selected by the youth/care providers and will be tailored to further stabilize and develop each youth's identity, self-esteem, and efficacy internally, socially, educationally and as a part of a community at home and school. These activities will enhance learning and mindful awareness in relationships with self, family, friends, acquaintances and class mates/residential mates.

The goals of IERC's integrated intensive Mental Health program are to assist the youth and families served to gain the skills needed to reduce and/or eliminate the symptoms of their mental health disorders and to assist them in developing more functional and adaptive behaviors while significantly reducing/eliminating maladaptive behaviors. It will be a high priority for IERC to assist family members to gain the communication, insight and parenting skills needed for the family to function more cohesively and assist the troubled youth while they strive to function more age appropriately. IERC will assist the youth served to identify their needs, communicate those needs and allow them to lead quality, contributing lives to gain the skills necessary to have their needs fulfilled. IERC intends to assist youth served to learn the necessary skills to prevent hospitalizations. IERC will assist the youth in resolving their conflicts and attempt to reduce their symptoms to eliminate their behavioral problems to achieve reunification and/or graduate to a less restrictive level of care in as safe and expeditious manner possible.

In order to provide mental health services, it is understood that EPSDT funding requires the youth are recipients of full scope Medi-Cal or are Medi-Cal eligible and that they meet Medical Necessity Requirements. Through coordination with DBH and CFTM's, services may continue after discharge from the residential program, and follow up may be provided by IERC to ensure appropriate continuity of care.

PROGRAM STATEMENT

9 – PLAN PARTICIPATION IN CHILD AND FAMILY TEAM

IERC and the Child and Family Team process begins with the initial interactions between the County Social Worker, facility therapist, the youth and the family as a small informal team working together to identify the youth and family's strengths and underlying needs.

The County Social Workers role is critical to the CFTM team in the following ways:

- County Social Worker must be present at all CFTM's.
- County Social Worker must sign off on each CFTM to make it valid.
- County Social Worker must support, reinforce and delegate, as necessary, the final decisions determined in the CFTM's.

As the child/family's strengths and needs are identified, the original team expands to include other members as necessary and appropriate. The process of putting together a child and family team for children and families involved with both child welfare and mental health must include at least the child welfare worker, mental health worker, the child, and the family and CFTM's can be initiated by IERC. It is also essential to engage the youth and family in a discussion about their support systems and who they might want to be on their child and family team. If it is determined that a child will be placed in a STRTP, it will be up to the originating Social Worker to now include a member from the STRTP to be part of the decision making.

IERC as an STRTP shall support the goals of the County Child and Family Team recommendations of each child in placement. Once in placement, the mental health program director or designee shall be an active member of the child and family team for each child thereafter while in the STRTP

- IERC clinical staff and direct care staff are thoroughly embedded in the CFTM process through their regular participation in the CFTM's where they advocate for the clients placed at IERC on a regular basis. IERC clinical staff and direct care staff are a part of the current multidimensional team (child welfare worker, youth and family, IERC clinical staff/direct care staff, service providers, and any additional members as necessary and appropriate) both as advocates for the child/family in care as well as team members helping to create a plan that is in the best interest of that child/family. IERC advocates for, supports and encourages the child/family's voice and choice in order to create buy in from the family and ownership of their Needs and Service Plan. IERC encourages any family member/friend that is pertinent to the child to attend the CFTM's in order to create the broadest base of support for that child/family as possible as well as to receive input and feedback from those that know the child/family best. It is always IERC's goal to have at least 50% representation by family members/friends on the CFT. These members may not always be biological family members but may also consist of friends/co-workers/teachers/TBS coaches/CASA workers, etc. that the child/family feel represent their best interests. IERC will also ensure that all appropriate people for the child (including but not limited to: extended family, friends, teachers, coaches, SOGIE and religious advocates) are included in the CFT. IERC will offer, whenever necessary, to meet at alternative locations and/or times/days that may be more convenient so as to give the child's family/advocates as much opportunity to attend as possible.

IERC supports and encourages the team approach inherent in the CFT philosophy that no single individual, agency or service provider works independently but rather as a part of the team for

PROGRAM STATEMENT**9 – PLAN PARTICIPATION IN CHILD AND FAMILY TEAM**

decision making. IERC supports and participates in the CFT's mission to include the following interventions which will be conducted by the proposed ICC Coordinator:

- IERC's proposed ICC Coordinator will support and participate in the development/maintenance of a constructive collaboration/advocacy between the child, his family, extended family/friends, providers, and any appropriate child-serving system to create a comprehensive CFT.

IERC's policies and procedures for transition or transfer of children include but it is not limited to the following. IERC has significant experience as members of Child and Family Teams (CFT) as well as hosting and participating in Child and Family Team Meetings (CFTM). IERC clinical staff participates regularly in CFTM's as part of the current multidimensional team (child welfare worker, youth and family, service providers, and any members as necessary and appropriate) both as an advocate for the child/family in care as well as a team member helping to create a plan that is in the best interest of that child/family. IERC advocates for, supports and encourages the child/family's voice and choice in order to create buy in from the family and ownership of their Needs and Service Plan. IERC encourages any family member/friend that is pertinent to the child to attend the CFTM's in order to create the broadest base of support for that child/family as possible as well as to receive input and feedback from those that know the child/family best. It is always IERC's goal to have at least 50% representation by family members/friends on the CFT. These members may not always be biological family members but may also consist of friends/co-workers/teachers/TBS coaches/CASA workers, etc. that the child/family feel represent their best interests. IERC will support and encourage the team approach inherent in the CFT philosophy that no single individual, agency or service provider works independently but rather as a part of the team for decision making. IERC will advocate through the CFTM to include LGBTQ youth, and ensure cultural and/or religious advocacy for all youth. IERC will ensure that, through the CFTMs, to include but will not be limited to, a child or youth's lesbian, gay, bisexual, transgender, and queer/questioning; cultural; or religious advocates as appropriate. IERC supports and participates in the CFT's mission to include the following interventions that will be conducted by the ICC Coordinator:

- IERC's proposed ICC Coordinator will support and participate in the development/maintenance of a constructive collaboration between the child, his family, extended family/friends, providers, and any appropriate child-serving system to create a comprehensive CFT.
- IERC's proposed ICC Coordinator will support and participate in a care planning and monitoring process which ensures that the individual child/families plan is coordinated across all systems to allow that child to be served in his community if at all possible and in the least restrictive setting that can safely support the needs of that child/family.
- IERC's proposed ICC Coordinator will support, participate in and coordinate, as appropriate, the pieces of the care plan that are applicable to the child/family as they participate in IERC's program as it relates to the CFT care plan across multidimensional systems of care always keeping in mind the core values and intent of the Core Practice Model (CPM) in the following ways: IERC protects the children from any abuse/neglect while maintaining them safely in IERC's residential program during their placement.

PROGRAM STATEMENT

9 – PLAN PARTICIPATION IN CHILD AND FAMILY TEAM

- IERC provides needs driven, strength based and family focused services beginning at the time of admission through transition to new placement and may provide after care services if determined to be necessary through the CFTM.
- IERC provides individualized services to all children/families, tailored specifically to their strengths and needs while in placement and following discharge to ensure a successful transition into a lower level of care.

IERC supports and participates in a multi-agency collaborative approach that is ideally grounded in a strong community base during that child's placement.

- IERC supports and encourages the child/family voice and choice, always listening to their specific needs and responding in as supportive and therapeutic way possible through the CFT process.
- IERC incorporates a blend of formal and informal resources designed to assist the child/family with successful transition to help ensure long term success.
- IERC provides culturally competent services that are respectful and supportive of the child/families' specific cultural needs.
 - IERC will ensure that LGBTQ/SOGIE training will be provided to all employees and provide LGBTQ/SOGIE trained Mental Health providers and medical personnel who are specifically trained to refer transgender youth to services which address their medical needs whenever possible.
 - IERC will provide LBGTQ children access to peer support groups, community activities, alliances etc. as is age-appropriate.
 - IERC will ensure that CFTMs affirm and respect all children's SOGIE.
 - IERC will strive to provide support services for families who do not affirm their LGBTQ and gender non-conforming children and who need support moving from rejection to acceptance as appropriate.
 - IERC will review the well-being, permanency and safety of all children and families, including LGBTQ and gender non-nonconforming children and families.
 - IERC will ensure that agency staff do not discriminate against LGBTQ and gender non-conforming children and families as well as have appropriate interventions in place for those who are struggling to affirm children and families.
 - IERC will strive to develop collaborations with community agencies that affirm and support LGBTQ and gender non-conforming children.
 - IERC is committed to general advocacy for LGBTQ and gender non-conforming children in the community, at school and wherever support is needed.
 - IERC is committed to enhancing and sustaining the health and well-being of the lesbian, gay, bisexual, transgender, questioning (LGBTQ) children in our care by providing activities, programs and services that create community; provide essential resources; advocate for their civil and human rights; embrace, promote and support cultural diversity; and provide compassionate, quality service delivery always striving for continual quality improvement. \\

PROGRAM STATEMENT

9 – PLAN PARTICIPATION IN CHILD AND FAMILY TEAM

- IERC is committed to creating a community in which all diverse populations can learn, live, and thrive in an atmosphere of tolerance, civility, and respect for the rights and sensibilities of each individual, without regard to race, color, national origin, ancestry, religious creed, sex, gender identity or sexual orientation
- IERC may provide, if determined necessary through the CFTM, services and support for the child/family within their community after transitioning into the lower level of care.
- IERC will focus on providing the child/family with support through the CFT process to ensure permanency and stability in their living situation after transition from IERC.
- IERC will ensure that any medically necessary mental health services included in the child/families' plan are appropriately assessed, coordinated, delivered, transitioned and/or reassessed as necessary complying with the full intent of the CFT through the CFT/CFTM process.
- IERC will actively participate in the CFT planning and monitoring process to assure that the plan addresses or is refined to meet the mental health needs of the child/family.
- IERC will participate and provide, with interagency placement committee and CFT involvement, as appropriate, the ICC services determined through the CFT/CFTM's during the 30 calendar days immediately prior to the day of discharge for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility as part of discharge planning.
- IERC therapeutic staff will develop and maintain a written removal or transfer record information as specified in the ILS. Collaboration, strength-based, outcome-based criteria are established and implemented on an on-going basis. The treatment team will always have individualized Needs and Services plan to direct therapeutic activities, planning and implementation. The CFT will work together to create the best therapeutic plan possible for the child and his family.

PROGRAM STATEMENT**10 – IDENTIFICATION OF HOME BASE CARE**

IERC is dedicated to developing collaborations that will in turn develop into Memoranda of Understanding (MOU) with specifically identified foster family agencies to provide bridging services for those youths transitioning from IERC's STRTP program. IERC has been a part of developing and participating in a collaboration of trusted San Bernardino County Foster Family Agency's and STRTP's titled the *Inland Empire Alliance of Child and Family Services (IEACFS)*. This collaboration is umbrellaed by the California Alliance of Child and Family Services (CACFS) in Sacramento with whom all of the member agencies are affiliated. IEACFS's goal is to enter into a MOU with San Bernardino County Placement so that the member agencies would be allowed to communicate/work together to create appropriate transitions into placements at other member agencies with whom they have relationships through the collaboration. IEACFS is working towards developing those agreements through negotiations with San Bernardino County and, as those collaborations are created and identified, they will be honored and utilized in the best interest of the children in IERC's care.

IERC's policies and procedures for transition or transfer of children into Home Based Care/Foster Family Agency (FFA) include but it is not limited to the following: IERC clinical staff participates regularly in CFTM's as part of the current multidimensional team (child welfare worker, youth and family, service providers, and any members as necessary and appropriate) both as an advocate for the child/family in care as well as a team member helping to create a plan that is in the best interest of that child/family; IERC advocates for, supports and encourages the child/family's voice and choice in order to create buy in from the family and ownership of their Needs and Service Plan; IERC encourages any family member/friend that is pertinent to the child to attend the CFTM's in order to create the broadest base of support for that child/family as possible as well as to receive input and feedback from those that know the child/family best; It is always IERC's goal to have at least 50% representation by family members/friends on the CFT and although these members may not always be biological family members they may consist of friends/co-workers/teachers/TBS coaches/CASA workers, etc. that the child/family feel represent their best interests; IERC will support and encourage the team approach inherent in the CFT philosophy that no single individual, agency or service provider works independently but rather as a part of the team for decision making.

IERC supports and participates in the CFT's mission to include the following interventions that will be conducted by the ICC Coordinator:

- IERC's proposed ICC Coordinator will support and participate in the development/maintenance of a constructive collaboration between the child, his family, extended family/friends, providers, and any appropriate child-serving system to create a comprehensive CFT.
- IERC's proposed ICC Coordinator will support and participate in a care planning and monitoring process which ensures that the individual child/families plan is coordinated across all systems to allow that child to be served in his community if at all possible and in the least restrictive setting that can safely support the needs of that child/family.

PROGRAM STATEMENT

10 – IDENTIFICATION OF HOME BASE CARE

- IERC's proposed ICC Coordinator will support, participate in and coordinate, as appropriate, the pieces of the care plan that are applicable to the child/family as they participate in IERC's program as it relates to the CFT care plan across multidimensional systems of care always keeping in mind the core values and intent of the Core Practice Model (CPM) in the following ways: IERC protects the children from any abuse/neglect while maintaining them safely in IERC's residential program during their placement.
- IERC provides needs driven, strength based and family focused services beginning at the time of admission through transition to new placement and may provide after care services if determined to be necessary through the CFTM.
- IERC provides individualized services to all children/families, tailored specifically to their strengths and needs while in placement and following discharge to ensure a successful transition into a lower level of care.

IERC supports and participates in a multi-agency collaborative approach, grounded in a strong community base during that child's placement.

- IERC supports and encourages the child/family voice and choice, always listening to their specific needs and responding in as supportive and therapeutic way possible through the CFT process.
- IERC incorporates a blend of formal and informal resources designed to assist the child/family with successful transition that helps to ensure long term success.
- IERC provides culturally competent services that are respectful and supportive of the child/families' specific cultural needs.
 - IERC will strive to develop collaborations with community agencies that affirm and support LGBTQ and gender non-conforming children.
 - IERC is committed to general advocacy for LGBTQ and gender non-conforming children in the community, at school and wherever support is needed.
 - IERC is committed to enhancing and sustaining the health and well-being of the lesbian, gay, bisexual, transgender, questioning (LGBTQ) children in our care by providing activities, programs and services that create community; provide essential resources; advocate for their civil and human rights; embrace, promote and support cultural diversity; and provide compassionate, quality service delivery always striving for continual quality improvement.
 - IERC is committed to creating a community in which all diverse populations can learn, live, and thrive in an atmosphere of tolerance, civility, and respect for the rights and sensibilities of each individual, without regard to race, color, national origin, ancestry, religious creed, sex, gender identity or sexual orientation
- IERC may provide, if determined necessary through the CFTM, services and support for the child/family within their community after transitioning into the lower level of care.
- IERC will focus on providing the child/family with support through the CFT process to ensure permanency and stability in their living situation after transition from IERC.

PROGRAM STATEMENT

10 – IDENTIFICATION OF HOME BASE CARE

- IERC will ensure that any medically necessary mental health services included in the child/families' plan are appropriately assessed, coordinated, delivered, transitioned and/or reassessed as necessary complying with the full intent of the CFT through the CFT/CFTM process.
- IERC will actively participate in the CFT planning and monitoring process to assure that the plan addresses or is refined to meet the mental health needs of the child/family.
- IERC will participate and provide, with interagency placement committee and CFT involvement, as appropriate, the ICC services determined through the CFT/CFTM's during the 30 calendar days immediately prior to the day of discharge for a maximum of three nonconsecutive periods of 30 calendar days or less per continuous stay in the facility as part of discharge planning.
- IERC therapeutic staff will develop and maintain a written removal or transfer record information as specified in the ILS.

Collaboration, strength-based, outcome-based criteria are established and implemented on an on-going basis. The treatment team will always have individualized Needs and Services plan to direct therapeutic activities, planning and implementation. The CFT will work together to create the best therapeutic plan possible for the child and his family.

IERC is committed to ensuring the children's overall protection including their health and safety as well as maintaining the confidentiality and privacy of information and documentation. IERC follows HIPPA regulations and ensures that the children's files and documentation are secured in locked cabinets and areas. IERC staff are trained on confidentiality and the protection of the children's health and safety information. IERC therapeutic and treatment team staff ensure a release of information is obtained prior to disclosing any information to doctor, school, or other authorized parties. Authorization for Release of Protected Health are obtained prior to communication. IERC staff do not discuss children or their cases in the milieu; and are not authorized to give anyone outside of IERC specific information. Anyone seeking information regarding an IERC client must do so through the Administration office.

PROGRAM STATEMENT

11 – COMPLAINTS AND GRIEVANCES

IERC's Complaint procedure is such that all clients (children) and their authorized representatives may utilize said complaint procedure without fear of retaliation. The Administrator acts in the capacity of the facility Complaint Officer. Clients and/or their representatives may submit a written or verbal complaint to the Administrator at any time. Complaints will be dealt with promptly and fairly, with the safety and rights of the children being the primary consideration in order to meet the child's needs in a trauma informed and culturally relevant manner. This will ensure that staff responses to complaints are coming from a strength based, supportive philosophy that takes into consideration that individual child's trauma history and any individual cultural need that child may have. IERC has an open-door policy and encourages anyone to talk with any member of the supervisory team; i.e., Facility Manager, Administrator or Executive Director any time they are dissatisfied or need clarification or assistance.

A complaint form will be accessible for the children to write down their concerns that will then be submitted to administration for review. These forms will be located in a public /common area in such a way that the clients will not have to ask an adult for access to them. They will be able to take the form and submit either internally to IERC or anonymously to their county representative.

All complaints can be submitted to IERC's Administration office located at 710 Church Street, Redlands, CA 92374.

In addition, IERC Client's and/or their representatives may contact the ***Department of Social Services, Community Care Licensing Division at 3737 Main Street, Suite 600, Riverside, CA 92501; (951) 782-4207.***

At the time of admission each child and representative will be informed of their right and instructed on how to file complaints. They will also be advised of and provided a form for review and signature with the above noted complaint procedure information and a copy will give to each child and authorized representative be placed in the child's case file.

Staff, children and authorized representative shall receive copies of written complaint / grievance procedures upon placement. These procedures are trained to staff and are explained in detail to the child and authorized representative upon placement. Complaint forms are available to any staff, child or authorized representative without having to request from Administration. They are available and can be filed at any time.

IERC will complete and maintain records of all formal complaints which will be analyzed and reviewed on an annual basis. Complaints submitted to IERC will be stamped with date received, reviewed and a response will be issued within 3 business days. The response will include providing the complainant and authorized parties feedback and communication on any action or non-action taken and in a culturally relevant manner. When necessary, IERC Clinical staff will assist Administration with the explanation, especially to the child to ensure it is communicated in a trauma informed manner.

PROGRAM STATEMENT

12 – PARTICIPATION AND ASSISTANCE IN INITIATIVES TO IMPROVE THE CHILD WELFARE SYSTEM

IERC will support to the best of its ability the quality parenting initiative in partnership with foster care caregivers to support the redesign of child welfare organizations at the local level to better recruit, support and retain quality foster care givers who can effectively parent vulnerable children and youth.

- The Quality Parenting Initiative (QPI) began in 2009 as a collaborative effort with the California Department of Social Services (CDSS), the County Welfare Directors Association (CWDA). IERC foresees this to be an important collaboration in the effort to ensure quality services are provided. Efforts will be made to ensure skill training, knowledge, information, etc. in efforts to better serve the children.
- IERC will participate in county/state opportunities, resources, forums, meetings, etc. to better education the organization on the direction the initiatives are going and how best to support these services.
- A quality caregiver is a full partner in a team supporting the healthy development of and achieving permanency for children who cannot live with their parents.
- The specific job of the caregiver is to provide high quality parenting by assuming many of the roles of the child's parents and provide for the child's needs while the child is in his or her home.
- Provide the foster child: food, shelter, medical care, education, safety, support, encouragement, and reassurance. Encourage the child's development of self-esteem and self-worth, consistent with the needs of the child.
- Mentor the biological parents(s), if appropriate.
- Maintain a lifelong commitment to the child wherever he or she lives, when appropriate.

PROGRAM STATEMENT

13 – FAMILY VISITATION

This facility operates with the California Administrative Code, Health and Welfare Agency, Department of Social Services Manual, Community Care Licensing, Title 22, STRTP Licensing Standards, which states in part

“...each child is accorded the following personal rights...

To have visitors visit privately during waking hours without prior notice, provided that such visitations are not prohibited by the child’s needs and services plan; do not infringe upon the rights of other children; do not disrupt planned activities; and are not prohibited by court order or by the child’s authorized representative(s).”

Inland Empire Residential Centers Visitor Policy includes:

- Resident children’s visits with parents, relatives, guardians, and other authorized persons are to take place in specified areas of the facility only and/or designated outdoor areas. Visitors (parents and others) are to remain in the designated areas only. Visitors may not wander through the house, as it is disruptive to the program and compromises confidentiality of other residents.
- Visitors (parents and others) may only enter other areas of the facility other than those specified above, when accompanied by a staff member. If a visitor wishes to see or visit in a child’s bedroom they must request to do so, and request is approved a staff person will escort to and from. The visiting time with the child will be spent in designated areas, as instructed by the Facility Manager on duty. A designated restroom will be established for visitors.
- Visitors are encouraged to arrange visits in advance with the Facility Social Worker to ensure optimum visitation.
- **Monitored visits must be arranged 24 hours in advance with Facility Therapist and/or Administrator.** Visits that are mandated as “monitored” will be supervised by a designated staff member. Arrangements will be made to ensure monitored visits are supervised within the parameters of the child’s case plan. Monitored visits are arranged per the CFT and / or County Social Worker and IERC requires that at least 24 hours’ notice be provided in order to ensure staff to child ratios in the facility. Every attempt will be made to keep the child/family involved in any schedule changes that are determined by the County representatives/Court in as timely a manner as possible.
- **County Social Worker/Court representatives will determine under which circumstances visits would not be permitted for any child placed at IERC;**
- Concerns, complaints and suggestions from visitors **must** be made directly to a Facility Manager, Facility Therapist or Administrator.
- Visitors must ensure that they follow staff directions. Staff who are supervising visits have the authority to adjust the visit that may include changing the area of the visitation or ending the visit early to ensure the safety, security and confidentiality of the children and visitors.

PROGRAM STATEMENT

13 – FAMILY VISITATION

- IERC will support visits for lesbian, gay bisexual, transgender, queer/questioning, and gender expansive children and youth will not be exposed to rejection with those they visit with. If the adults who are visiting these children and youth are not affirming, IERC will work with and educate those individuals on lesbian, gay, bisexual, transgender, and queer/questioning, sexual orientation, gender identity, and gender expression. IERC will do its best to develop collaborations with programs that have expertise in the LGBTQ community to supplement its knowledge to ensure that the information given is current and accurate.
- Home Visits and Overnight Visits away from the facility will be recommended by the CFT and approved by the County Representative/ County Social Worker and/or Court as required by County, State and Federal guidelines/protocols/laws.
- Family members/visitors will be notified of IERC's visitation policies/complaint procedures upon the placement of the child and any specific visitation protocols/schedules will be determined by the County representatives/Court that represents that child and followed through by the appropriate IERC representative.
- IERC is committed to ensure, to the best of its ability, visitations do not violate personal rights of children. Confidentiality protocols will be clearly explained to visitors and staff will ensure supervision to assist in any guidance that may be needed with regard to confidentiality and the preservation of personal rights of children. As much as is possible, IERC will provide a designated area for visits that are away from other children; ensuring appropriate supervision and confidentiality and protection of personal rights.

IERC is dedicated to the free and equal access to information, facilities, and programs for our diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services.

IERC is committed to enhancing and sustaining the health and well-being of the lesbian, gay, bisexual, transgender, questioning (LGBTQ) children in our care by providing activities, programs and services that create community; provide essential resources; advocate for their civil and human rights; embrace, promote and support cultural diversity; and provide compassionate, quality service delivery always striving for continual quality improvement.

IERC is committed to creating a community in which all diverse populations can learn, live, and thrive in an atmosphere of tolerance, civility, and respect for the rights and sensibilities of each individual, without regard to race, color, national origin, ancestry, religious creed, sex, gender identity or sexual orientation. If any client should ever feel that they have been harassed, discriminated, or retaliated against based on any of the above protected classes IERC will ensure that everything in our power will be done to respond in a manner to promote safety, good will and support from all staff and clients who reside in our milieu.

PROGRAM STATEMENT

13 – FAMILY VISITATION

IERC takes pride in and strives to promote full inclusion of lesbian, gay, bisexual, transgender and queer (LGBTQ) identified children as well as all of the children in our care. IERC also strives to eliminate heterosexism, homophobia, gender identity oppression, sexism, classism, racism, and other blatant and institutional forms of marginalization by providing our staff training, advocacy, collection, and dissemination of information and resources.

IERC believes that lesbian, gay, bisexual and transgender individuals (LGBTQ) should be protected from discrimination or harassment under all federal, state and local laws throughout the United States as a protected class.

PROGRAM STATEMENT

14 – CHILDREN AND NON-MINOR DEPENDENTS PERSONAL RIGHTS – FOSTER YOUTH BILL OF RIGHTS

The California Code of Regulations, Title 22, Interim Licensing Standards regarding STRTP requires that any child admitted to a home/facility must be advised of his/her personnel rights upon intake. Homes/facilities are also required to post these rights in areas accessible to the public.

Personal Rights form describes the personal rights to be afforded each child admitted to IERC. This form also provides the complaint procedure for the child and authorized representative.

The form is to be reviewed, completed and signed by each child and/or authorized representative upon admission to IERC. These personal rights will be reviewed with the child upon placement as well as with the child on at least a quarterly basis, or more often as needed, from the child's date of placement to ensure that the child understands his personal rights and can ask questions or make requests at that time.

The child and representatives will receive a completed copy of the originally signed form and any subsequent signed personal rights forms after placement. All signed copies shall be retained in the child's case file which is maintained at a secure designated area at IERC.

Each child has personal rights as residents of IERC. These rights are outlined in Title 22 Interim Licensing Standards. IERC staff will maintain these rights at all times. All IERC staff will be trained, review and sign their understanding of the children's rights at time of employment. IERC is dedicated to the free and equal access to information, facilities, and programs for our diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services.

IERC has a non-discrimination policy which includes sexual orientation, gender identity and gender expression which will be implemented through services, activities, HR, volunteers, contractors, staff, volunteers and peer partners.

All children in the care of IERC will always be treated with dignity and respect, a caring attitude and at no time will they be subject to physical, mental, psychological or sexual abuse of any kind. All rules and regulations of the State of California, Department of Social Services and Community Care Licensing will be observed at all times.

Children's Rights will be reviewed with each child (client) on an annual basis in a manner that is understandable to the child.

The Foster Youth Bill of Rights and information about the Foster Care Ombudsperson is fully visibly posted in areas accessible to children and visitors in the facility.

Inland Empire Residential Centers, Inc. is licensed by the State of California, Department of Social Services, **Community Care Licensing, 3737 Main Street, Suite 600, Riverside, CA 92501. (951) 782-4207.**

See Appendix D; Foster Youth Rights (Children's Rights)

PROGRAM STATEMENT

15 – HOUSE RULES

House boundaries are important for all staff and children to know and follow. Children are not to wander about the house without permission.

There are areas that are off limits to the children that include but are not limited to: outside sheds; alley; kitchen pantry; staff office; staff bathroom; laundry room; activity cabinet; administration office. IERC provides 24-hour supervision; all children MUST be supervised at all times. Group supervision is imperative; the ability to supervise a group during meal times, indoor play, and outdoor play and TV room time is needed to ensure the continuity of the milieu. Group supervision is particularly important when the children are at play outside in an area that is spread out and outings where children are in the community. Staff must ensure they are able to supervise all children in any setting. Interactive supervision is encouraged; it is important for staff to participate in their recreational activities to teach positive interaction and sportsmanship. Staff must keep their boundaries very clear. Staff may not horseplay with the children.

House rules specify behaviors that are not acceptable to ensure the safety of all children in IERC's care. Children are encouraged to behave appropriately; treat each other with respect and dignity. Discouraged behaviors include but are not limited to: lying; stealing; substance abuse; awol; inappropriate meal time behavior; disturbing other residents sleep; profanity; touching staff desks and/or entering offices and off limit areas without permission; obtaining access to pantry, staff bathroom or laundry room; jumping on beds or any furniture; climbing on furniture/shelving; unsafe behavior, running into walls or fences with skateboards, bikes or scooters; going in and out of other's rooms without permission; disrespecting adults and each other.

Each child is responsible to make their bed, ensure their cabinets and shelves are orderly, fold their clothes, vacuum their bedroom floor, clean their bathroom. Staff will always supervise and assist each child with their responsibilities.

TV room rules should be followed and maintained at all times to ensure safety continuity of care. TV room rules can include but are not limited to the following: no talking during TV program; quiet talking during commercials; raise hand for requests (bathroom, channel change etc.); no feet on the couch; no laying on the couch; no jackets or blankets in TV room for supervision purposes; seat can be saved if called out of the TV room by staff; TV programs ratings shall be appropriate to the youngest child in the room at that time.

Children may use electronic/entertainment equipment, i.e., computer, hand held electronic devices, tablets, video game consoles (WII, PlayStation, Xbox), hand held video game devices, cell phones, etc. as is age appropriate with set guidelines, appropriate staff supervision and with approval from Administration and/or County Representative/CFTM when necessary. Children must maintain at least a level 3 in the IERC milieu program. Exceptions will be made on an individualized basis and will be authorized by IERC Administration, Clinical Team and/or County representative/CFTM when applicable.

PROGRAM STATEMENT

15 – HOUSE RULES

Children will be provided clothing that is age appropriate and will not violate school standards. Clothing inventories are conducted by staff on a monthly basis. Children's clothing shall fit and be purchased as often as needed to meet his needs. IERC will maintain all Title 22 clothing requirements. All IERC staff will provide affirmation of LGBTQ and gender non-conforming youth through providing clothing, grooming and hygiene products that matches their gender identity helping to meet the needs of these youth.

Outings and activities will include specified destinations and times of arrival and departure as well as return to IERC. Children that are eligible to earn unsupervised time will have strict guidelines with regard to where, when and how they will utilize this time. All unsupervised time outside of the facility will be coordinated and approved with the Child's County Representative and/or Authorized Representative in conjunction with the CFT. Children eligible to date will be coordinated and approved by the CFT.

Children will attend HOMEWORK CLUB in the designated area upon arriving from school; after medications and when called by the HC Staff. All children attending public school will have a minimum 20 minutes in homework club regardless if they have homework. Children attending elementary school must bring their school agenda and/or school behavior report. HC Staff has access to most middle and high school student's homework and grades via computer school links. Children who fail to have their agenda or school behavior forms and/or refuse Homework Club will not earn a school star. Homework will be completed before any free time. HC Staff must check completed homework before the child may be excused for free time or the next routine. Completed homework will be placed in the child's back pack and stored for the following school day.

PROGRAM STATEMENT

16 – POSITIVE DISCIPLINE POLICIES

Acceptable forms of discipline, per ILS, include but are not limited to the following:

- Exclusion in an unlocked living, sleeping or play area;
- Institution of fines as approved by County Representative;
- Prohibition against attendance at or participation in planned activities;
- Prohibition against use of entertainment devices including but not limited to: telephones, televisions, personal computers, internet enabled devices, videogame consoles, radios, portable media players and stereo equipment;
- Performance of additional duties related to training needs identified in a child's Needs and Services Plan;
- Any other form of discipline approved in writing, in advance, by the licensing agent.

Staff must use good judgment and implement consequences positively, fairly and consistently. *Children must be treated with respect and dignity.* Staff should never give children consequences during crises; only after the child has calmed and is able to understand the behavior and consequence. Staff will provide children with redirection, time to process and discuss consequences with the children to help them understand and be a part of the process.

Staff must seek assistance and guidance from Facility Manager and/or Administrator if unsure or in need of clarification. Staff must be sure that any consequence implemented fits the circumstance and is explained to the child so that he is an active part of this learning situation. *Facility Manager and Administrator may be involved in determining consequences for behaviors and have the authority to adjust given consequences.* Level Drops MUST have Facility Manager Approval. *Occupational Therapy (OT) may not exceed 2 hours per day.* Consequences need to be communicated and documented in the consequence log AND signed off when complete. *There are some instances when a time out, loss of outing, loss of free time OR early bed consequences could be substituted for some behaviors. Staff will check with the Facility Manager on shift to determine if an alternative consequence would be more appropriate.*

Staff is always to ensure that discipline is within program policies and procedures and that the consequence is explained to the child so that he is an active part of the learning process. Staff will not carry over bad behavior after a child has completed his consequence. Consequences will never be punitive. If a behavior earns a consequence, that consequence must be appropriate and productive; i.e., throw a trash can, wash a trash can; write on the wall, wash the wall; use profanity, redirection, 15-minute time out; talking out of turn, boundary issues, etc; time out re-direct, etc. Occupational Therapy (OT) will be productive and will not be punitive or belittling. Occupational Therapy (OT) will not exceed 2 hours per day. Consequences are earned per episode. All staff needs to be familiar with the Discipline Policies written and as trained during initial orientation training, Facility Manager Shadow Training and New Child Care Worker Training and ongoing training. *Consequences should be given from least restrictive working up to more restrictive if necessary.*

If a child refuses Occupational Therapy (OT) staff will utilize counseling, options, time, space and encouragement to complete the therapy. If ultimately the child continues to refuse, staff will write an internal Incident Report and Administration and the clinical team will be notified. Some privileges may be delayed; however, it will be determined by Administration and clinical team collaboration on an individual basis.

It is important to talk with children about the disciplinary action to assist him in understanding and making good decisions for himself. Children's personal rights will be observed at all times.

PROGRAM STATEMENT

16 – POSITIVE DISCIPLINE POLICIES

Time outs must be utilized as an opportunity to give the children a short amount of time to refocus their behavior from negative to positive. Staff must advise the child why he has been given the time out and the length of the time out.

Additional disciplinary action may also include the following; restrictions from outings/ activities, restriction on use of certain items, timer (time wasted not complying may be taken off free time, bedtime, etc), occupational therapy (ot), loss of free time, early bedtime, separation from group for a limited time period, one-on-one supervision. staff must always avoid power struggles with children. children should always be given an opportunity to redirect.

when visually searching a child for contraband the child is asked to pull out their pockets, lift shirt, take off socks and lift up pant legs.

staff will not yell, argue with or belittle children and will always treat them with unconditional positive regard, respect and dignity, preserving their personal rights.

Each child and their Authorized representative are provided with the Discipline Policies; this policy is reviewed and signed and placed in the child's case file and will be reviewed Staff are trained and sign this policy as part of the initial training orientation. This policy is also trained on an ongoing basis in treatment team/staff meetings. The Discipline Policy is posted in areas accessible to staff and children. IERC is unable to serve commercially sexually exploited children (CSEC) or Non-Minor Dependents (NMD).

IERC will ensure that the following types of discipline/abuse are NEVER permitted per ILS:

- physical, sexual, emotional, or other abuse;
- corporal or unusual punishment, infliction of pain humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions of a punitive nature including but not limited to:
 - interference with the daily living functions of eating, sleeping, or toileting, or withholding of shelter, clothing or aids to physical functioning.
- To not be locked in any room, building, or facility premises at any time;
- To not be placed in any restraining device.

IERC will continue to ensure the children's personal rights are followed at all times: They have the right to:

- To live in a safe, healthy, and comfortable home where you are treated with respect.
- To be free from physical, sexual, emotional or other abuse, or corporal punishment.
- To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.
- To receive medical, dental, vision, and mental health services.
- To be free of the administration of medication or chemical substances, unless authorized by a physician.
- To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and probation officers.
- To visit and contact brothers and sisters, unless prohibited by court order.

PROGRAM STATEMENT

16 – POSITIVE DISCIPLINE POLICIES

- To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
- To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
- To attend religious services and activities of your choice.
- To maintain an emancipation bank account and manage personal income, consistent with your age and developmental level, unless prohibited by your case plan.
- To not be locked in a room, building, or facility premises, unless placed in a community treatment facility.
- To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with your age and developmental level, with minimal disruptions to school attendance and educational stability.
- To work and develop job skills at an age-appropriate level, consistent with state law.
- To have social contacts with people outside of the foster care system, including teachers, church members, mentors and friends.
- To attend Independent Living Program classes and activities if you are 16 or older.
- To attend court hearings and speak to the judge.
- To have storage space for private use.
- To be involved in the development of your case plan and plan for permanent placement.
- To review your case plan and plan for permanent placement, if you are 12 years of age or older and in a permanent placement, and to receive information about your out-of-home placement and case plan, including being told of changes to the plan.
- To be free from unreasonable searches of personal belongings.
- To the confidentiality of all juvenile court records consistent with existing law.
- To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- To be placed in out-of-home care according to your gender identity, regardless of the gender or sex listed in your court or child welfare records.
- To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
- At 16 years of age or older, to have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs and information regarding financial aid for postsecondary education.

PROGRAM STATEMENT

16 – POSITIVE DISCIPLINE POLICIES

- To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.

In the case of a peer conflict between clients; the following protocol will be followed:

- Staff will immediately intervene and separate the peers to ensure safety and security.
- Staff will encourage the peers to problem solve and talk out the issue.
- Staff will engage therapeutic staff if needed to resolve conflict.

Occupational Therapy (OT) may not exceed 2 hours per day. Children may not substitute Time Out for Occupational Therapy and must be supervised by staff. OT may consist of, but is not limited to, the following:

- **RAKING OF LEAVES AND DEBRIS.** The Front area facing Church Street always has an abundance of leaves and debris by the tree and bush area, as well as on the steps and front walk way.
- **CLEANING UP BACK AREA OF HOUSE.** The back of the house on the south side always has trash and debris, cobwebs, etc; sweep the inside of the water heater areas.
- **WEED PULLING.** Weeds are also in abundance along the fence lines of the back yard and the trash area.
- **CLEANING TRASH AREA.** This area is ALWAYS in need to clean up. Sweeping/picking up trash, ensuring the trash bags are closed and in the proper container, etc.
- **BATHROOM FLOOR SCRUBBING.** All of the bathroom's tile would benefit from scrubbing. Staff must assist in this process and ensure the child has scrubbing materials and that staff spray or mix the cleaner(s).
- **CHAIR WASHING.** All of the kitchen chairs can be cleaned. As well as the wall behind where they are stored.
- **WALL and WINDOW WASHING.** Walls are in constant need of cleaning, especially in the common areas.
- **SOCIAL WORKER OFFICE CLEANING.** Social Worker office is always in need of tidying, vacuuming, dusting, etc. Staff must be in the office and supervising at all times.
- **TRASH CANS.** Indoor Trash cans are always in need of cleaning.
- **EMPTYING TRASH.** There is an overabundance of trash throughout the facility including the office and classroom areas as well as recyclable trash in Administrator Office.
- **VEHCILE CLEANING.** Inside or out.

All occupational therapy must be supervised and assisted by staff. Rakes, brooms, gloves, trash bags and cleaning materials are available. Staff is to ensure the child's and their own safety at all times.

IERC is dedicated to the free and equal access to information, facilities, and programs for our diverse community. IERC seeks to provide its clients with a safe and pleasant experience in an atmosphere conducive to safety, organization, while fostering self-help and learning through the appropriate use of IERC's programs and services.

PROGRAM STATEMENT

16 – POSITIVE DISCIPLINE POLICIES

IERC is committed to enhancing and sustaining the health and well-being of the lesbian, gay, bisexual, transgender, questioning (LGBTQ) children in our care by providing activities, programs and services that create community; provide essential resources; advocate for their civil and human rights; embrace, promote and support cultural diversity; and provide compassionate, quality service delivery always striving for continual quality improvement.

IERC is committed to creating a community in which all diverse populations can learn, live, and thrive in an atmosphere of tolerance, civility, and respect for the rights and sensibilities of each individual, without regard to race, color, national origin, ancestry, religious creed, sex, gender identity or sexual orientation. If any client should ever feel that they have been harassed, discriminated, or retaliated against based on any of the above protected classes IERC will ensure that everything in our power will be done to respond in a manner to promote safety, good will and support from all staff and clients who reside in our milieu.

IERC takes pride in and strives to promote full inclusion of lesbian, gay, bisexual, transgender and queer (LGBTQ) identified children as well as all of the children in our care. IERC also strives to eliminate heterosexism, homophobia, gender identity oppression, sexism, classism, racism, and other blatant and institutional forms of marginalization by providing our staff training, advocacy, collection, and dissemination of information and resources.

IERC believes that lesbian, gay, bisexual and transgender individuals (LGBTQ) should be protected from discrimination or harassment under all federal, state and local laws throughout the United States as a protected class.

PROGRAM STATEMENT

17 – MEDICAL/DENTAL/PSYCHIATRIC SERVICES

Within 30 days of admission, medical appointments will be made at the Pediatrician, Optometrist and Dentist. There are some medical restrictions that may affect the time frame of Optometrist and Dental appointments. If the child is prescribed any psychotropic medication, an appointment must come with his placement as foster youth on these medications must be seen monthly.

If a child admitted to IERC and has been prescribed psychotropic medications, a JV-220 will be obtained and a follow up appointment must be secured prior to placement. State regulations mandates that foster youth prescribed psychotropic medications must be seen by a psychiatrist on a monthly basis or more often as necessary. Psychotropic medications prescribed to clients will be immediately logged and reviewed to ensure dosage and time to be administered to ensure compliance with prescription. IERC follows CCL, Title 22 regulations regarding medications. IERC has a thorough policy and procedures with regard to medications. The medications will be counted, with notation on the pill count form(s), entered on the medication given out log and centrally stored log. Medication will be secured in a cabinet, that is secured in a locked room. A complete and full report will be communicated to the Administrator, including his next psychiatric appointment date.

Every child has a Medical Health Record located in their medical file. This form is for communication of any and all doctor, dentist, vision, urgent care, emergency room visits, psychiatric or any other medical specialty visit, etc. documented legibly and accurately.

All IERC Direct Care Staff are First Aide/CPR certified. Staff will evaluate a medical/psychiatric need and will contact their immediate supervisor for direction, if unsure. In the event of an emergency or unknown circumstance staff will immediately call 911 to ensure the safety of all clients and staff in order to receive medical/psychiatric advice from a certified medical provider or responder.

Staff may transport children to various doctor, dental, vision visits. Every child has a Yellow Medical File and this must accompany the child to any medical visits. All of the children's medical information is located in the individual yellow medical folder. In the event of an emergency; staff will proceed to the nearest urgent care or emergency room (preferably Loma Linda Urgent care or Redlands Community Hospital ER). Any illnesses or injuries that require medical attention must be communicated to the Administrator immediately and an SIR (Special Incident Report) submitted. The SIR should detail the diagnosis, prognosis; any medication prescribed and follows up. Entries must also be made on the child's individual Medical/Health Record. Any prescriptions obtained must be given to the Administrator as soon as possible.

Poison control center number is located on the Licensing Emergency form LIC610C.

IERC does not do any direct billing for medical services. All medical services are provided through the child's medical insurance, in most cases, Med-Cal.

PROGRAM STATEMENT

17 – MEDICAL/DENTAL/PSYCHIATRIC SERVICES

Children returning to IERC from a runaway/AWOL will be immediately assessed by Facility Manager for any injuries or other medical issue and will provided medical services if needed and/or requested.

IERC will meet the medical needs of transgender children in the following ways that may include, but is not limited to: hormone or hormone blocker treatment, if medically sanctioned, by making available, if possible, transgender experienced and competent physicians through the CFT process. These decisions will not be made by IERC staff or the program treatment team but will only be made through the CFT process through a licensed medical professional qualified to meet these children’s medical needs.

IERC will evaluate a child’s medical needs upon referral and prior to placement to ensure that it has the resources to meet any special health care needs. In the event a special health care need surfaces after placement, IERC will evaluate the need and seek assistance from the authorized county representative to ensure his needs can be met, through a scheduled emergency CFTM.

PROGRAM STATEMENT**18 – STORAGE OF MEDICATIONS**

Facility Manager, Social Worker, Administrator, Executive Director or trained and authorized designees are the only staff permitted to administer medication. Authorization must be obtained from the Administrator prior to any staff administering medication other than the above stated. IERC will follow all DPSS and CCL STRTP standards. Authorized Staff will be trained on all medication protocols and procedures including the destruction of medication, prior to administering/destroying any prescribed medication by the Administrator and/or Designee. These protocols and procedures will be reviewed regularly. Any errors will be immediately communicated to Administration and/or Executive Director; who will then communicate with county and state regulatory bodies as directed. Staff will be retrained on medication procedures and any further direction or training internally or from county or state agency shall be followed. Medication protocols will be followed at all times Medication Protocol:

- Medications received either refilled or new are logged in the Centrally Stored Medication sheet.
- Each child on medication has an individual Medication Given Out form located in the Medication Given Out Book indicating details of the amounts and times per day each medication is to be Administered.
- Authorized staff must initial administering as well as a second staff initial to verify the medication was given out.
- Each child has an individual Pill Count form for each prescribed medication that is counted at least daily. Any error identified on a pill count will be immediately communicated to Administrator and reported in an SIR.
- Medication is secured in a protected cabinet in the locked FM/Med office, both locked at all times.
- Medications that are delivered to the facility are given directly to the Facility Manager or designee who will then log and store in the secure cabinet in the FM/Med office.
- Medication that is discontinued shall be documented by both Facility Manager and Administrator and will be delivered to the Pharmacy for destruction.
- Facility Managers will prepare medication for home visits that include logging all of the pertinent information about administering when and amount on the home visit form; medication will remain in filled packaging with pharmacy label. Facility Managers will also verbally communicate with visitors.
- Upon return from home visit; medication will be logged in and any errors will be immediately reported.
- Facility Managers are responsible to ensure that all medication procedures and protocols are followed at all times. Medication errors of any kind must be immediately reported to the Administrator and/or Executive Director, which will in turn be reported to CCL via and Special Incident Report.
- Medication errors are reviewed and debriefed by Administration to ensure additional training and adjustments are put into place to reduce further error.
- Any potential side effects recognized are to be documented and reported to the Administrator immediately. Potential medication side effects are regularly trained to staff and information regarding these side effects are available in the medication binder. Children's medications are discussed with them so that they can recognize the pills (shapes, colors and sizes) and to understand the effects and potential side effects. Children are encouraged to tell staff immediately if they have any concerns with regard to their medications and health.

PROGRAM STATEMENT

18 – STORAGE OF MEDICATIONS

It is IERC's position that medication be evaluated upon arrival of each child. It is IERC philosophy that each child should be on the lowest therapeutic dosage as possible and will work with the prescribing doctor to achieve that goal. Medications are viewed as a temporary measure/support for most children and then only an adjunct to therapy. Individual therapy, group therapy, milieu therapy and family therapy are used to develop the internalized controls needed for eventual medication reduction, if possible. IERC believes it is important to look at the long-term effects of medication not just the present. Psychiatrist monitors the psychotropic medication management of the children placed at IERC. All dependent children on Psychotropic medications must have a court approved medication declaration (JV220) and are seen monthly by a licensed Psychiatrist. This approval is generated through the medical care provider.

If a child is prescribed a medication that must be stored at a particular temperature, such medications will be stored in a designated, secured refrigerated area that only contains medication.

PROGRAM STATEMENT

19 – DOCUMENTATION OF ACCREDITATION

IERC completed national accreditation through CARF in 2015 and was awarded a 3-year accreditation status. IERC will continue to meet all CARF standards as applicable and will provide appropriate documentation in support of the accreditation.

See Appendix E; CARF 3-year Accreditation Certification of IERC including Annual Conformance to Quality Report.

PROGRAM STATEMENT

20 – MENTAL HEALTH PROGRAM APPROVAL

IERC obtained a mental health contract through department of behavioral health – San Bernardino County, CHRIS contract - on July 1, 2015. IERC has been contracted to provide mental health treatment services which include the following: Target Case Management Services; Crisis Intervention Services; and other Mental Health Services. See Appendix F; CHRIS Standard Contract.

The San Bernardino Department of Behavioral Health, DBH, shall provide linkages with the total Mental Health System of care to assist their contractor, IERC, in meeting the needs of the clients. This provision is specific to all clients who currently reside in San Bernardino County, regardless of their County of origin. IERC anticipates accepting placements from the following counties: San Bernardino and Riverside Counties. However, IERC will also consider placement from any California County if a referral is made. As such, IERC is able to secure specific services for their clients, regardless of County of origin, not provided directly by IERC including: ***TBS, wraparound services, and medication support services*** through San Bernardino County DBH, Phoenix Clinic, per AB-1299 Presumptive Transfer as appropriate and meets the conditions laid out in that assembly bill.

EPSTD SERVICES PROVIDED BY IERC

IERC will directly provide the following culturally relevant, trauma informed services:

- Mental health services: Individual, family, anger management/clinical groups, and crisis intervention.
- Targeted case management
- Screening and Assessment
- Collateral Contacts
- Transitional Services including:
 - Intensive Care Coordination (ICC)
 - Intensive Home-Based Services (IHBS)

PROGRAM STATEMENT**20 – MENTAL HEALTH PROGRAM APPROVAL**

All services are individualized based on prior documented history, the results of the various (prior and current) psychological assessments, input from the Interagency Placement Committee (IPC) and through collaboration/input during the Child Family Team Meetings (CFTM). While IERC does not have a formal Intensive Day Treatment Program, IERC does provide, in collaboration with Redlands Unified School District and the University of Redlands, a formal after school program which provides tutoring and homework support for all of its clients 5 days a week for 5 hours per day due to our clients more intense need for support and assistance while in school. Formal Intensive Day Treatment Services and Day Rehabilitation Services have not been needed for IERC clients during 31 years in operation, however if the need should arise, Loma Linda University Behavioral Medicine Center, 1710 Barton Road, Redlands, CA 92393 (909) 558-9200, can provide those services.

MEDICATION SUPPORT SERVICES

Medication support services may be provided by Phoenix Clinic, a San Bernardino County Clinic located at 820 East Gilbert Street, San Bernardino CA 92415, (909) 387-7200. IERC youth are referred to this clinic when they arrive with medication orders and need continued medication support and monitoring or when, during the course of their treatment at IERC, the youth's clinician suspects that medication may be needed and a referral is made. In the latter instance, the youth's therapist would arrange for a psychiatric evaluation to be conducted and would provide, in writing, their clinical observations/concerns for the psychiatrist to review, who would then decide whether that youth needed medication support services.

Medication support services may be provided by County of San Bernardino DBH Mesa Counseling Clinic. This service provides a broad array of mental health services including medication evaluation, prescribing, monitoring and support services to youth with serious emotional disturbance, transition-age 18-25, adults with serious mental illness, persons with mental health and substance abuse disorders, persons with post-traumatic stress disorder, veterans, lesbian, gay, bisexual, or transgendered (LGBT) clients, and forensic clients. Mental Health Services include but are not limited to the following: individual, group and family therapy, case management, case consultation, and medication management services.

Additional medication support services may be provided by County of San Bernardino approved clinics as deemed needed and necessary.

REFERRAL, SCREENING AND ASSESSMENT PROCESS USED BY DBH TO SELECT MENTAL HEALTH CONTRACT PROVIDERS

The San Bernardino County Department of Behavioral Health (SBCDBH) posted an application notice (RFP) for providers interested in receiving a mental health contract. All potential providers were required to attend two mandatory instructional meetings used to present an overview of the selection process. The SBCDBH then forwarded to all qualified providers a detailed and comprehensive listing of information they required including but not limited to scope of mental health services offered by IERC, financial records, assurances that IERC will participate in future trainings etc. After review of the previously identified documents, a long series of trainings commenced. After approximately six months of training, a mental health contract was awarded to IERC. providing Mental Health Services as of September, 2016. However, mandated trainings will continue for the duration of the original three-year contract.

PROGRAM STATEMENT**20 – MENTAL HEALTH PROGRAM APPROVAL****CRISIS INTERVENTION SERVICES**

Crisis intervention services are provided by IERC clinical treatment team as well as the County of San Bernardino Access Unit and the Redlands Police Department, to provide crises services seven days a week, 24 hours a day, as needed, in order to help stabilize a youth who needs additional support during a time of crisis. These services, lasting less than 24 hours, require a significantly more expedient response than a regularly scheduled therapeutic service and include but are not limited to the following: assessment, collateral contact and individual therapy. Crisis intervention services only continue until the client is safe and/or the crisis has either been ameliorated or the Crisis Team/Police Dept. have determined that a hospitalization is necessary and have removed the child from the facility.

TARGETED CASE MANAGEMENT SERVICES

Case Management Services are provided by IERC mental health clinicians through the youth's treatment while placed at IERC. IERC also provides case management/therapeutic services during his transition to a less restrictive environment. After care services, ICC and IHBS, services can be provided for up to six months, or as long as those collaborating during the youth's CFTM determine it is appropriate, after a youth is placed in a less restrictive environment, to provide support and therapeutic intervention during the initial stages of that youth's placement in a new setting.

DAY REHABILITATION SERVICES

IERC will not provide Day Rehabilitation Services. Day Rehabilitation Services when needed, will be provided by the Loma Linda University Behavioral Medicine Center (LLUBMC) 1710 Barton Road, Redlands, CA 92393 (909) 558-9200.

NETWORK OF REGIONAL PROVIDERS PROVIDING SPECIALTY MENTAL HEALTH SERVICES- - INTENSIVE DAY TREATMENT SERVICES PARTIAL LIST

IERC will not provide Intensive Day Treatment Services. All Intensive Day Treatment Services will be provided by the following external organizational providers and will be provided at an alternative location and not provided on-site at IERC.

A. Loma Linda University Behavioral Medicine Center (866) 884-2334

The Loma Linda University Behavioral Medicine Center (LLUBMC) provide youth programs designed for adolescents experiencing emotional, behavioral and/or chemical dependency issues. This facility places a strong emphasis on treating the entire family with the goals of restoring a sense of hope, bringing courage and resiliency to the family unit and providing a treatment plan based on each individual's specific needs. LLUBMC provides a broad range of Specialty Mental Health Services (SMHS) including but not limited to: individual, group, and family therapy; medication monitoring, substance abuse counseling, treatment for eating disorders, parent groups, treatment of dual diagnosis youth, and treatment for medically fragile youth with attending psychological diagnoses. LLUBMC's staff include psychiatrists, nurses, clinical therapists, dieticians, teachers, case managers, and Behavioral Care Assistants. LLUBMC offers Intensive Outpatient Programs, Partial Hospital Programs and Inpatient Programs.

PROGRAM STATEMENT**20 – MENTAL HEALTH PROGRAM APPROVAL****B. San Bernardino County Department of Behavioral Health (909) 386-8256**

The San Bernardino County Department of Behavioral Health (SBCDBH) offers a broad scope of specialty mental health services including but not limited to the following: Therapeutic Behavioral Services; Wraparound Services; on-site youth residential treatment services; and assessment services. They offer a full range of outpatient treatment services including but not limited to the following: individual, group and family therapy, case management, case consultation, and medication management services. The SBCDBH also has an inpatient psychiatric facility for youth who are a danger to self or others and/or those experiencing psychotic breaks.

C. Phoenix Community Counseling (909) 387-7200

Phoenix Community Counseling Clinic provides a broad array of mental health services to youth with serious emotional disturbance, transition-age 18-25, adults with serious mental illness, persons with mental health and substance abuse disorders, persons with post-traumatic stress disorder, veterans, lesbian, gay, bisexual, or transgendered (LGBT) clients, and forensic clients. Mental Health Services include but are not limited to the following: individual, group and family therapy, case management, case consultation, and medication management services.

County of San Bernardino DBH Mesa Counseling Clinic 909) 421-9200

County of San Bernardino DBH Mesa Counseling Clinic provides a broad array of mental health services to youth with serious emotional disturbance, transition-age 18-25, adults with serious mental illness, persons with mental health and substance abuse disorders, persons with post-traumatic stress disorder, veterans, lesbian, gay, bisexual, or transgendered (LGBT) clients, and forensic clients. Mental Health Services include but are not limited to the following: individual, group and family therapy, case management, case consultation, and medication management services.

D. Arrowhead Regional Medical Center/Arrowhead Behavioral Health Center (855) 422-8029

Arrowhead Regional Medical Center (ARMC) is a state-of-the-art 373-bed facility featuring the newest technology in the field of patient care. The ARMC includes a free-standing, specialized inpatient behavioral health facility, Arrowhead Behavioral Health Center (ABHC), which provides psychological treatment for children and adults. In a secure, safe environment, patients are evaluated, assessed and treated by an interdisciplinary team of psychiatrists, clinical therapists, nurses and occupational therapists. People in crisis and suffering chronic psychiatric disorders, such as severe depression, anxiety disorders, schizophrenia and other mental health problems, are helped. Medication, individual and group therapy, and family education are all critical parts of treatment. In addition, patients learn to cope with day-to-day activities and also may prepare for employment. ARMC is also the host to a 24-hour Emergency Department, Level II Trauma Center, three Family Health Centers and the only Burn Center serving San Bernardino, Riverside, Inyo and Mono Counties.

PROGRAM STATEMENT**20 – MENTAL HEALTH PROGRAM APPROVAL****E. Centerbest Behavioral and Educational Services and Training (909) 946-0707**

Centerbest provides a full range of psychiatric and psychological services for children and adults including but not limited to: comprehensive psychiatric evaluations, psychotropic medication management, and psychological testing and counseling. Centerbest is also a community-based provider of training programs for adults and families of children who have emotional and behavioral difficulties. They are a provider of anger-management services, court ordered and executive coaching for adolescents/adults.

F. South Coast Community Services (877) 527-7227

South Coast Community Services (SCCS) provides a broad spectrum of mental health counseling, therapy, and psychiatric services. goes from four years old, to teens, to younger adults, to older adults. SCCS has clinics in San Bernardino County and Orange County. SCCS has community-based programs as well allowing them to come meet with kids and their families at their schools, homes, and at community locations. SCS serves over 16,000 kids, teens, and adults each year... plus their families. SCCS community-based programs send clinicians and para-professionals out into the community to meet kids where they are—at school, at home, etc. Community-based programs now account for most of the services provided. SCCS is an agency comprised of dedicated mental health professionals who believe it is their responsibility to promote and uphold life-affirming values. SCCS teaches these values to their staff, the children, and the families with whom they work.

GRIEVANCE PROCEDURE

- The beneficiary has the option to contact the provider, the Access Unit or complete a grievance for when filing a grievance. See “Guide to Medi-Cal Mental Health Services, show as available in English, Spanish and in large fonts. The grievance may be filed in writing or verbally. The beneficiary will be provided a reasonable opportunity to present evidence and allegations of fact or law in person and in writing.
- The Access Unit records the grievance in a log within one working day from the date the grievance is received.
- The Access unit sends an acknowledgement letter to the beneficiary along with a copy of the state informing pages referenced above related to grievances.
- The Access Unit sends a resolution letter to the beneficiary within sixty (60) calendar days after receipts as Grievances must be resolved in 60 days. Note: The timeframe to send the resolution letter may be extended by an additional fourteen (14) calendar days, based on specified circumstances affecting the grievance. The beneficiary must be notified by letter when additional day are needed for a resolution, once it is determined an extension is needed.
- Grievances are tracked by the Access Unit and summaries are sent to the Quality Management Committee after a resolution letter is sent to the beneficiary.

APPEAL PROCEDURES

- The beneficiary submits an appeal to the Access Unity by submitting in writing and or verbally. Note: an expedited appeal may be requested
- The Access Unit records the appeal in a log within one (1) working day from receipt of the appeal
- The Access Unit sends an acknowledgement letter of receipt to the beneficiary.
- The Access Unit notifies the Program Manager of the appeal.

PROGRAM STATEMENT

20 – MENTAL HEALTH PROGRAM APPROVAL

- The Access Unit maintains and tracks the appeal.
- The Program Manager assigns appropriate staff to investigate the Appeal.
- The Program Manager advises the Access Unit of the appeal resolution, once the investigation is complete.
- Following resolution, the Access Unit sends a resolution letter to the beneficiary. Note: A written decision which is mailed to the beneficiary is required from the Access Unit within forty-five (45) calendar days from the date the written/verbal form of the Appeal is received. Timeframes may be extended up to fourteen (14) calendar days based upon specific circumstances which affect the appeal.
- The Access Unit notifies in writing or verbally those providers cited by the beneficiary or otherwise involved in the appeal of the final appeal disposition.

PROCESS TO ENSURE MENTAL HEALTH SERVICE ARE ACCURATELY REFLECTED IN THE NEEDS AND SERVICES PLAN

The EPSTD mental health services listed in IERC's mental health contract with San Bernardino County Department of Behavioral Health must accurately match the mental health services referenced on IERC's client's *Needs and Services Plan* (NSP). At IERC the NSP is prepared by Master's level clinicians and are reviewed and signed off following completion by a licensed clinician with an active LCSW/LMFT. The licensed clinician will be the identified EPSDT Clinical Supervisor/Head of Service who will have oversight responsibility and is therefore ultimately responsible for ensuring that the contracted, EPSDT mental health services are accurately reflected on the client's NSP.

IERC EFFORTS TO REDUCE THE USE OF PSYCHOTROPIC MEDICATION

It has been shown that historically foster youth have been disproportionately prescribed psychotropic medication, which can include antipsychotic medication. IERC has always supported minimal medication use with its clients and believes that it is the responsibility of all foster care providers, including IERC staff, to help provide sufficient supportive services to decrease the need for all but the most necessary medication to help each client improve behaviorally and therapeutically. Common identified medication prescribing concerns include but are not limited to the following:

- Medication type and dosage exceed the threshold for a child's weight and age;
- Medications are prescribed in an excessive number simultaneously without regard to possible negative drug interactions;
- Medication is used without the inclusion of adjunct mental health therapy;
- Laboratory monitoring of medication blood levels is not ordered even though the prescribed medication requires said monitoring;
- Medication is prescribed to youth in foster care for long periods of time without consideration for a safe reduction in that medication to determine if baseline behaviors, at the lower doses or completely off of the medication, have changed;
- Medications are prescribed by psychiatrists who are not specifically trained to work with children and adolescents.

IERC has had a long history of concern over the wide scale over utilization of psychotropic medication and has always been committed to:

1. Immediately scheduling a medication reassessment upon placement for new clients to determine if the incoming prescribed medications are still providing positive outcomes for that client;

PROGRAM STATEMENT

20 – MENTAL HEALTH PROGRAM APPROVAL

2. Carefully monitoring psychotropic medication side effects using the Psychotropic Medication Monitoring Checklist, which is included in the “California Guidelines for the use of psychotropic medication for children and youth in foster care.” (See Appendix).
3. Contacting the prescribing physician immediately when the following occurs: concerns about or observation of side effects; if multiple medications are prescribed simultaneously; if the youth complains of physical problems that may be related to his medication; if laboratory monitoring has not been ordered for those medications that require laboratory monitoring; and when the prescribed medication appears to be exacerbating, instead of helping, the psychological condition of the youth.
4. Utilizing, when applicable, non-pharmacological therapeutic interventions which, according to most empirical findings, often can reduce psychotropic medication reliance. These interventions can include but are not limited to: meditation; deep breathing exercises; physical exercise; progressive muscle relaxation; and positive visualization exercises.
5. Providing a written statement, or verbally contact the prescribing physician directly, prior to a scheduled appointment by IERC’s clinicians to communicate both progress and concerns.
6. Keeping track of medication usage data in order to note increases or decreases of overall medication use in our CQI data outcomes so that modifications in program or clinical supports can be adjusted as necessary/appropriate.

CONTINUATION OF MENTAL HEALTH SERVICES FOLLOWING TRANSITION TO A COMMUNITY PLACEMENT.

IERC’S mental health contract with the San Bernardino Department of Behavioral Health does permit continuity of care (ie: a continuation of EPSTD mental health services) when a youth is transitioned into a home setting following IERC program completion. IERC has up to a six month, or more if authorized by a CFTM, aftercare program which provides mental health services (individual/family counseling) as well as Intensive Care Coordination and Intensive Home-Based Services on an as-needed basis. In the event the youth resides out of San Bernardino County, IERC will provide referrals for mental health services when needed. Telephonic consultation, case planning and counseling would also be available for all youth, regardless of county of residence.

PROGRAM STATEMENT**21 – FOOD NUTRITIONAL PLAN/SAMPLE MENU, CLOTHING AND INCEDENTILES.**

Staff teaches proper mealtime conduct and manners. IERC serves dinner family style with staff joining the Children at the table and eating with them. Children have the right to refuse meals, however they must complete the meal routine with the other children. Children are encouraged to eat their meals as much as possible, however if the child refuses meal, this must be documented in the child's individual ACS and cannot be counted for breakfast and lunch counts. All children must have 3 meals and 2 snacks offered to them per day. Fresh fruit is always available to children at any time. Alternate meals will be provided in accordance with the child's therapeutic and/or medical needs as needed/required. At no time, will staff withhold meals or snacks from children for any reason. Staff will prepare meals in accordance with the menu; any changes must be noted on the menu and approved by a Facility Manager. The kitchen area must remain clean and sanitary at all times. Staff must wear food handler's gloves when serving meals and ensure they are prepared in a safe manner. Staff must wash their hands before preparing a meal. Staff must ensure that any leftovers are properly stored and dated. Meals are general served as follows: Breakfast 6:45a-8:30a; Lunch 12p; Dinner 5:30pm. Times may vary slightly. Snacks are provided twice daily, usually late morning and afternoon.

Those children with special dietary needs will have those needs addressed and fulfilled based on their medical requirements as directed by a nutritionist or medical professional. Training and resources will be provided to the children and direct care staff including nutritional education by a medical professional.

IERC follows California State, Department of Social Services, "Reasonable and Prudent Parent Standard" that states to use careful and sensible parental decisions that maintain the child's health, safety, and best interests. (Welfare & Institution Code Section 362.04 and 362.05). The goals of the Reasonable and Prudent Parent Standard are:

- Provide the youth with a "normal" life experience in out of home care.
- Empower the out of home caregiver to encourage youth to engage in extracurricular activities that promote child well-being.
- Allow for reasonable parenting decisions to be made by the out of home caregiver without waiting to obtain the county social worker or juvenile court approval.
- Remove barriers to recruitment and retention of high quality foster caregivers.
- Reduce the need for social workers to either give permission or to obtain juvenile court approval for reasonable care giving activities, should be care giving.
- Respect the rights of youth in out of home care.

PROGRAM STATEMENT**21 – FOOD NUTRITIONAL PLAN/SAMPLE MENU, CLOTHING AND INCEDENTILES.**

IERC is fortunate to receive a small grant from the State of California, Department of Education, and Child Nutrition Services. To remain eligible IERC must complete a **Meal Count and Meal Production Record** for each breakfast and lunch served throughout the month. Staff must ensure the meal count is conducted and noted every breakfast and lunch. All components of the meal must be on the plate and the child must take the plate with all the components to be eligible for that meal's count. Meals must be served at the designated times.

1. MONTHLY ROSTERS include Child Name, Day and Dates of the Month for Breakfast and Lunch posted on the freezer section of the refrigerator.
2. STAFF responsible for preparing and serving Breakfast and Lunch will count each child that takes all the components of the meal, marking by their name a "check mark." If a child does not take all of the components of the meal the letter "R" will be marked by their name indicating partial or none of the complete meal taken and they will not be counted. If a child is absent from the facility the letter "A" will be marked indicating they were not on grounds. If a child is home from public school for any reason and eats the complete meal component a notation will be made as to why, i.e., dismissed, suspension, medical appointment, etc. Facility Managers will routinely review breakfast and lunch counts for accuracy.
3. STAFF responsible for preparing Breakfast and Lunch will complete the Menu Production Record – Residential Child Care Institutions form. All information must be completed and include:
 - a. Number of children served
 - b. Number of adults served
 - c. Menu and portion size
 - d. Food and form used
 - e. Contribution to the meal pattern
 - f. Amount prepared in units
 - g. Adult servings
 - h. Leftovers
4. At month end, Meal Count Sheets and Menu Production Records are collected by secretary and the next month is posted.
5. Secretary reviews meal count sheets adds the monthly totals of Breakfast and Lunch.
6. Secretary notes those totals on the SNP Claim for Reimbursement Summary and submits to Administrator for review and then submits per CNIPS on line procedure.
7. Copies of Claim for Reimbursement are maintained and available for review.

Each child's clothing and personal property inventories will be conducted upon their arrival to IERC. A designated staff member will be assigned to ensure the children have the clothing and shoes that Title 22/CCL requires. All staff will be involved in completing clothing or other inventories including, dishes, sheets, towels, etc. as needed. Personal property that the children acquire while in placement with IERC will be logged into their personal property inventory form as applicable. Staff will strive to ensure property the child no longer has is also logged out on the inventory sheet.

PROGRAM STATEMENT

21 – FOOD NUTRITIONAL PLAN/SAMPLE MENU, CLOTHING AND INCEDENTILES.

CCW support staff assigned to the purchase of clothing will follow the following protocol.

- Individual clothing inventory will be completed before shopping.
- All items purchased will be reviewed by the Administrator who will initial the original receipt.
- All items purchased and reviewed/approved will be logged into the child's individual clothing inventory.
- A copy of the original receipt will be initialed by the child and submitted to administration to be filed in their case file.
- CCW support staff will follow stated clothing budget as approved and any variation from that budget must be approved by the Administrator prior to any purchases.

Children will be provided a hygiene box for their personal use that will include all necessary hygiene items which includes but may not be limited to: body soap; toothpaste; toothbrush; shampoo; conditioner; and deodorant.

Hygiene boxes are sanitized weekly and are replenished as necessary.

IERC will ensure these policies adhere to the Foster Youth Bill of Rights (Foster Youth Rights).

See Appendix G; IERC Sample Menu

PROGRAM STATEMENT

22 – EMERGENCY INTERVENTION PLAN

IERC's Emergency Intervention Plan in conjunction with Pro-Act's emergency intervention plan has been developed and coordinated by Tanya A. Rigot, LCSW, Executive Director, Licensed Program Director, Head of Service. Tanya A. Rigot, LCSW is the certified Pro-Act instructor/trainer for IERC. IERC's Emergency Intervention plan is part of Staff Initial/Orientation Training conducted by IERC Administrator before staff works in the milieu. Staff is required to attend monthly continuing education training and weekly ongoing training. Documentation of training is maintained that includes dates, hours, and description of training and name of instructor. All direct care staff member will attend Pro-Act training and are trained; and only after completion and certification with Administration approval shall they utilize IERC's EIP. Admissions agreement will include types of EI authorized.

Physical intervention is always used as a last resort and only if a child is a danger to himself or others. Standing, Sitting Escort and Basket Hold are the only forms of physical intervention available to staff as approved within our Program Statement submitted and approved by the State of California Licensing Division. Staff members must attend **Initial Orientation Training** with Administrator, **Facility Manager Shadow training** and **PRO ACT** training with Executive Director **BEFORE** authorized to utilize **physical intervention**. Techniques to avoid physical intervention are trained. These skills will be consistent and key to ensuring the safety and security of the children. Many skills staff will develop with experience that involves getting to know yourself, the children and how to interact safely and professionally with them.

Staff **MUST** consistently follow IERC program, policies and protocols, and guidelines at all times. Staff must adhere to the children's rights and ensure their safety and supervision. Staff must be able to communicate with the children in a calm, consistent, concise manner so that the child can understand the information and will be encouraged to make a positive choice.

ALL PHYSICAL INTERVENTIONS REQUIRE TWO STAFF AND A THIRD TO MONITOR. ALL PHYSICAL INTERVENTIONS MUST BE COMMUNICATED TO FACILITY SOCIAL WORKER AND ADMINISTRATOR WITHIN PROTOCOL GUIDELINES.

Special Incident Report (SIR) must be completed for any physical intervention. The SIR must be completed prior to shift end and submitted to Administration. An SIR that reports any physical intervention will be debriefed at the weekly Staff Meeting with the treatment team. The SIR debrief is an opportunity for staff to process the incident and discuss options and skills that could be used the next time a crisis arises including ways to avoid physical interventions if at all safely possible.

Skill building and communication is essential with the treatment team in an effort to decrease physical intervention. IERC Physical intervention policies and procedures **MUST** be adhered to at all times.

Staff must only utilize physical interventions when a child is a danger to self or others. The duration of the restraint will cease as soon as danger of harm has been averted. Staff will never use physical intervention to make the child comply, nor threaten physical intervention for any reason other than he is an immediate danger to self or others. Physical interventions will never be used as a punishment. The treatment team will be mindful of and sensitive to trauma related responses to any physical intervention necessary to keep a child safe. All IERC treatment team members will utilize trauma focused interventions before, during and after any physical containment to minimize traumatizing effects of the physical intervention. Clinical staff will be available to provide immediate follow up and therapeutic support to all children as necessary after a physical intervention.

PROGRAM STATEMENT

22 – EMERGENCY INTERVENTION PLAN

When a child is placed at IERC and is absent from the facility without permission the follow protocols will be followed.

- Staff will not chase child. It is imperative not to provoke the child into doing something that will endanger himself further. Staff will attempt to keep the child within view and will encourage him to return to the facility. Staff may follow the child at a safe distance to monitor him as well as keep him in sight; but not at the risk of that child or lesser supervision of the other children.
- If the child leaves facility grounds and is not in view and whereabouts are unknown, staff will wait a maximum of 15 minutes and will notify local law enforcement and IERC Administrator. Law enforcement may be notified immediately if it is determined that the child is an immediate danger to himself and the community.
- Upon the arrival of law enforcement to the facility, staff will ensure all pertinent information is communicated to the officer(s), including a current picture, description of what the child was wearing, his current height, weight and any distinguishing marks or features as well as a direction or destination headed, if known. Staff will communicate the child's state of mind and mental health issues as well as indicate all medication he is currently prescribed.
- Staff must immediately notify the Administrator and complete a **Special Incident Report (SIR)** that will include all the information regarding the Runaway/AWOL as well as any case number given by law enforcement, and if the child returned by law enforcement or on their own.
- Upon the child's return, this will be noted on the SIR report and IERC Administrator contacted. Special Incident Report (SIR) will be reviewed by IERC Administrator or designee, on the next business day and will be submitted to Community Care Licensing, Child's county representative(s), parent(s) and/or guardian(s).
 - Reintegrating child back into the program will consist of:
 - Evaluation; visual, noting any marks bruises
 - Evaluation; verbally; asking child if he is ok, did anything happen to him; does he have any health or safety concerns
 - Upon the responses to the above; IERC may engage additional assistance by a Clinical Therapist, Medical Doctor, Police Intervention, San Bernardino Crises Unit referral, Psychiatrist, Emergency Services, paramedic, etc. to further assess and provide addition supports and direction to ensure the child's needs are met.
 - Child will be reintegrated into the program at the next routine/activity as soon as possible as is safe for the child and others in placement.
- When a child returns to the facility from a Runaway/AWOL incident; Staff will ensure his clothing and belongings, to the best of their ability and may request law enforcement to search, particularly if there is suspicion of contraband, prior to entering the facility.
-

PROGRAM STATEMENT

22 – EMERGENCY INTERVENTION PLAN

- During a child's AWOL, regardless of the length of time; his possessions, including his allowance will be safeguarded until his return and/or given to his authorized representative should he be terminated from placement.
- IERC **Runaway Plan** is provided and discussed with the child and their authorized representative upon Admission. Child with a history of Runaway/AWOL behavior will be developed an individualized plan that will be included on their **Needs and Services Plan** to address this specific behavior. IERC has NO room or area that is locked to prevent a child from leaving the facility.
- Only with written County Social Worker approval in situations where the child is out of control and a danger to self; physical intervention may be used to detain the child within the guidelines of IERC approved interventions; standing, sitting escort and/or protective basket hold for the safety of the child.

Physical interventions will be debriefed weekly at staff meetings. This process provides an opportunity for staff members to share thoughts, feelings and perceptions of physical intervention. An emotionally supportive environment enhances participation and elicits information to improve team functioning during crises. The debriefing process should be supportive, constructive and focused on prevention.

A biannual review for the use of emergency interventions will be conducted by IERC Administrator or Designee and will be provided to the Department and IERC Board of Directors as required with any corrective action plan, if needed.

During the pre-placement interview of child and/or at any time during his placement, his medical history will be reviewed for any medical conditions that would preclude him from being placed in a physical containment within IERC's EIP. During this assessment, the following outcomes may occur;

- The treatment team will determine if accommodations can be made to safely house that child. If accommodations to his medical condition **cannot** be made, then child will not be accepted into placement at IERC.
- If the child is placed into IERC's program with a known medical condition, all necessary precautions will be taken to ensure that his safety will be maintained. If safely possible, no physical containment will be utilized until after his first CFT is conducted at which time the team will determine what safety accommodations need to be made. After the CFT is conducted appropriate safety accommodations will be utilized as necessary; and all personnel will be notified of child's medical condition.
- If a new medical condition occurs during the child's placement at IERC, all necessary precautions will be taken to ensure that his safety will be maintained while medical condition affects the child. A CFT will be conducted to determine any additional appropriate safety accommodations needed.
- If a child is placed in IERC program with a known medical condition that does not allow a physical intervention to be utilized, alternative nonphysical interventions will be included in his treatment plan to maintain his safety within the program.

PROGRAM STATEMENT

22 – EMERGENCY INTERVENTION PLAN

Early intervention strategies, attentive and interactive supervision and pre-crises awareness are important to assist in de-escalation of the child. When a child is escalated, nonphysical interventions are utilized; some de-escalation techniques include but are not limited to;

- giving child choices, they are reminded that they have choices; i.e. outside, separate space, staff counseling of their choice.
- re-directions; short time to redirect; option for coping box items; staff counseling.
- effective redirection; staff ask client to sit next to them; or help with a routine.
- rotating staff; if child is upset at one staff, they will switch with another staff.
- removing stimuli; remove child, voluntarily to another area where they can have less noise and opportunity to calm.
- allowing the child space, outside or another area where they are not agitated by noise or others.
- problem solving, “how can we help?”
- breathing, deep breaths as taught in ART groups and individual therapy.
- Counting; this helps with de-escalation; as the children count down or up.

When the above utilized de-escalations and/or interventions are not effective; additional interventions may be utilized and include but are not limited to;

- Facility Manager/Administrator/Executive Director intervention
- Crisis Unit intervention,
- County Social Worker,
- Representative parent intervention,
- Law enforcement contact; will be contacted by phone by facility manager or designee, who will debrief officer before interaction with client at which time police will assess if further police / crisis intervention is necessary.

If a child has escalated to the point that he is danger to self or others then physical intervention protocols are followed. IERC implements and trains only the following physical interventions:

- **STANDING ESCORT**, two (2) staff will place themselves on either side of the child with their arms holding the child’s arms; above or below any joint areas. Staff will apply only enough strength so as to firmly hold the child securely so that he may not harm self or others. The child will be released as soon as he is no longer a danger to self or others. A *Monitor staff (see below for description of monitor’s duties), not physically involved, must observe this intervention. A Special Incident Report (SIR) must be completed communicating all pertinent information with regard to the intervention. A Physical Intervention Monitor (PIM) Report must be completed and submitted by the Monitor. IERC Administrator or designee must be contacted for any physical intervention. IERC Administrator or designee will review SIR the following business day and it will be submitted to Community Care Licensing and authorized child’s representatives(s). All physical interventions will be debriefed in staff meeting.

PROGRAM STATEMENT

22 – EMERGENCY INTERVENTION PLAN

- **SITTING ESCORT**, two (2) staff will place themselves on either side of the child with their arms holding the child's arms; above or below any joint areas. Staff will apply only enough strength as to firmly hold the child securely so that he may not harm self or others. The staff will sit with the child. The child will be released as soon as he is no longer a danger to self or others. A *Monitor staff, not physically involved, must observe this intervention. A Special Incident Report (SIR) must be completed communicating all pertinent information with regard to the intervention. A Physical Intervention Monitor (PIM) Report must be completed and submitted by the Monitor. IERC Administrator or designee must be contacted for any physical intervention. IERC Administrator or designee will review SIR the following business day and it will be submitted to Community Care Licensing and authorized child's representatives(s). All physical interventions will be debriefed in staff meeting.
- **BASKETHOLD**, two (2) staff must be present; one staff will sit on the floor, with his back to the wall if possible, the child will be positioned in a sitting position in front of the staff, facing away from the staff. The child's arms are crossed in front and the staff secures the child by gently and firmly holding the child's arms. Staff must avoid grasping any joint areas to minimize any chance of injury. The child's arms should be crossed low in front of the child at the waist area to not impede his breathing. The second staff may assist and secure the child's legs always ensuring not to put any pressure on joint areas. The second staff will monitor the breathing and circulation of the child and ensure the correct Baskethold position is maintained.
- *Monitor duties include observing and evaluating the safety of the child and ensure that the child does not appear in any distress; the monitoring staff may interrupt the intervention to fully evaluate the child to ensure his safety. The monitor staff will evaluate the child after the intervention has ended and note any marks, bruises etc. observed as well as the child's responses if he does have any injuries on the SIR and on the Physical Intervention Monitor report. Child will be given appropriate medical attention if needed. This will also be noted on the Special Incident Report (SIR). A Physical Intervention Monitor (PIM) Report will be completed and submitted by the Monitor. IERC Administrator or designee will be contacted after any physical intervention and this will be noted on the SIR.
- After the physical intervention is complete and child is calm, the incident will be debriefed with child by appropriate staff, i.e., Facility Manager, Clinical Staff, etc. Authorized representative and parent (if applicable) will be notified.
- IERC Administrator will review Special Incident and Monitor Reports on the next business day and the SIR will be submitted to Community Care Licensing and authorized child's representative(s).
- All physical interventions will be debriefed in staff meeting.
- All Special Incident Reports are reviewed and approved on a quarterly basis with IERC Board of Directors at Board Meetings or more often as needed. Additionally, the Board reviews and determines any modifications or revisions of the Emergency Intervention Plan that may be needed up to and including termination of this plan.

PROGRAM STATEMENT

22 – EMERGENCY INTERVENTION PLAN

- On an ongoing basis, IERC notes all Special Incident Reports that include the following;
 - Physical Interventions
 - Police / Law enforcement contact
 - San Bernardino County Crisis unit contact
 - AWOL
 - Significant Special Incidents
- All completed SIR reports are filed in the child's casefile/records.

Physical interventions should be silent and/or minimal communication limited to safety checks. This is to avoid triggering the child while he is having dangerous and out of control behavior. During a crisis the child may not be able to respond appropriately to verbalizations and may become more escalated. Rotation of staff may be used to de-escalate the child. Excessive force may never be used; only reasonable strength to secure the child's safely. Staff members will not physically intervene with any child until they are completely trained and have attended and successfully completed Pro Act Training with Executive Director and approved by Administrator.

At any time, Administration, may suspend a staff's authorization to use physical intervention. Physical Intervention will only be used for the duration of time that a child is dangerous to self or others.

All physical interventions will be communicated to IERC Administrator or designee. All physical interventions require staff to submit a written Special Incident Report (SIR) and a Physical Intervention Monitor Report that is to be reviewed by Administration and sent to governing entities and the child's representative(s) as required. Any physical intervention in excess of 15 minutes must have IERC Administrator or Designee approval to continue and every 10 minutes after that up to 60 minutes. Physical interventions in excess of 60 minutes must, in addition to IERC Administrator, must be reported to the child's county representative for continued authorization. San Bernardino County Crises Unit and local law enforcement may be contacted. In the event that there is more than one restraint concurring, local law enforcement and the San Bernardino County Access/Crisis unit will be called for reinforcement.

Physical interventions/restraints may not exceed four (4) cumulative hours in a 24-hour period; if the child continues to be an immediate danger to self and others, law enforcement/emergency services must be called to determine if the child should be removed from the facility.

All Physical Interventions will be reviewed, discussed and de-briefed in ongoing staff training. All physical interventions are reported to both Community Care Licensing and County Representative/parent. Specifics with regard to the physical interventions will be reviewed with the child's county representative/parent regularly and are also included in the agendas of CFT meetings as well quarterly reports.

Emergency Interventions will never be used as a punishment, discipline, replacement for on duty staff, substitute for treatment or behavior modification, harassment, humiliation, etc.

PROGRAM STATEMENT

22 – EMERGENCY INTERVENTION PLAN

IERC follows regulations stated with regard to Personal Rights, Emergency Intervention Plan, Emergency Intervention Staff Training and Review of Manual Restraint use as outlined in Title 22, Section 6. This program does not use a Protective Separation Room.

PROGRAM STATEMENT

22 – EMERGENCY INTERVENTION PLAN

RUNAWAY / AWOL PLAN

When a child placed at IERC is absent from the facility without permission, the below protocols are followed:

- Staff will not chase child. It is imperative not to provoke the child into doing something that will endanger himself further. Staff will attempt to keep the child within view and will encourage him to return to the facility. Staff may follow the child at a safe distance to monitor him as well as keep him in sight; but not at the risk of that child or lesser supervision of the other children.
- If the child leaves facility grounds and is not in view and whereabouts are unknown, staff will wait a maximum of 15 minutes and will notify local law enforcement and IERC Administrator. Law enforcement may be notified immediately if it is determined that the child is an immediate danger to himself and the community.
- Upon the arrival of law enforcement to the facility, staff will ensure all pertinent information is communicated to the officer(s), including a current picture, description of what the child was wearing, his current height, weight and any distinguishing marks or features as well as a direction or destination headed, if known. Staff will communicate the child's state of mind and mental health issues as well as indicate all medication he is currently prescribed.
- Staff must immediately notify the Administrator and complete a **Special Incident Report (SIR)** that will include all the information regarding the Runaway/AWOL as well as any case number given by law enforcement, and if the child returned by law enforcement or on their own. Upon the child's return, this will be noted on the SIR report and IERC Administrator contacted. Special Incident Report (SIR) will be reviewed by IERC Administrator or designee, on the next business day and will be submitted to Community Care Licensing, Child's county representative(s), parent(s) and/or guardian(s).
- When a child returns to the facility from a Runaway/AWOL incident; Staff will ensure his clothing and belongings are searched prior to him entering the facility; to ensure that no contraband is brought into the facility that may be a detriment to him or others.
- IERC **Runaway Plan** is provided and discussed with the child and their authorized representative upon Admission. Child with a history of Runaway/AWOL behavior will be developed an individualized plan that will be included on their **Needs and Services Plan** to address this specific behavior. IERC has NO room or area that is locked to prevent a child from leaving the facility.
- With written County Social Worker approval in situations where the child is out of control and a danger to self; physical intervention may be used to detain the child within the guidelines of IERC approved interventions; standing, sitting escort and basket hold for the safety of the child.
- Facility Managers will notify the next shift's Facility Manager of any outstanding AWOL children and every shift thereafter until the child has returned or their AWOL status has been resolved.
- IERC will secure the client's personal property and cash resources while they are AWOL in a designated area.

PROGRAM STATEMENT

23 – NEIGHBORHOOD COMPLAINT PROCEDURES

Pursuant to California SB 815; IERC will follow the following neighborhood complaint procedures.

- All complaints shall be directed to IERC Administrator and / or Executive Director, in writing if possible, including details of date, time, where and whom may have been involved.
- IERC Administrator or designee shall immediately respond and will submit a response to the complainant(s) that the complaint has been received and will be duly investigated.
- IERC Administrator or designee shall will send a written response to the complainant within 5 business days that includes any response/actions, etc, that may be taken.
- IERC Administrator will ensure that he/she is available between the hours of Monday-Thursday 9a-12p to accept any complaints directly from any concerned individual, verbal and preferably in writing.